# Developmental Evaluation Report Summary

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

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| **Name of provider:** | Founders Care Trust |
| **Number of locations visited by region** | 3 |
| **Date visit/s completed:** | 21 November 2017 |
| **Name of Developmental Evaluation Agency:** | Standards and Monitoring Services |

## General Overview

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| The xxxxx permanent members of this household have lived together for some time and appear to cohabit comfortably together. One person is an elder a Church and well connected with the local marae. All have family members that take an active role in their lives.  One man has just moved from this house to another in the service. He has been replaced by a young woman who hopes to use the spare room for respite purposes. This person is still being assessed for how well she will fit in with the other people in the home.  A new manager was employed departure of a well-respected, long-term manager. Some changes have begun with stablising the staff teams in each of the homes (rather than rotating them between all three houses). This provision has been welcomed by the people in each home, the staff themselves and the families/whānau. The service has provided an excellent training programme over the years with many of the staff completing both the level 3 and 4 certificates; all but two new staff have completed level 2. In addition, there have been a variety in-service training events held at regular intervals.  As well as stabilising the staff team, the new manager has begun the task of updating policies and procedures documents, reviewing these with staff and ratifying them with the Board. The Strategic Plan and other documents are also due for review.  Medication folders have recently been extensively reviewed, are well organised and contain all necessary information regarding medications (as well as medication charts and signing sheets), health needs and ongoing health records (seizure and weight charts etc if needed).  The people in this home make use of two main vocational providers in the town. One person also spends one day a week at home. There appears to be a good range of both vocational and community activities available to the people in this home.  This home is rented. It is comfortably furnished, personalised throughout and spacious. It has ample yard space with flower and vegetable gardens. Work suggested in an earlier report was completed.  The service keeps very good records, particularly medication folders, and work is being done to update policies and procedures.  Personal planning is very detailed and seems to contain many goals that may fit better in Care and Support Plans. There are a number of suggestions by the Evaluation Team concerned with person-centred/directed aspiration-based planning that appear in this report.  *The majority of people who spoke with the Evaluation Team were very satisfied with the service being provided by this service*. |

## 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 (LSP) provide details of past achievements, personal strengths and areas of interest for each person. The plans are created with a number of headings that typically invite or urge people during the LSP meeting to make goals for each section. Thus, the goals tend to be ‘spur of the moment’ or are goals that would be more suited to the Care and Support Plans. Care and Support Plans that are up-to-dated on a regular basis.  The Evaluation Team suggests an overhaul of the personal planning process to provide a focus on each person’s interests, aspirations or dreams with each broken down into achievable steps/goals. These could then be usefully set to timeframes and indicate the person responsible for overseeing the development of each aspiration. Typically, two to three aspirations are sufficient to support good personal planning.  Key workers provide monthly reports that outline what the individual has been doing during the previous month, how much contact they have had with family, any health visits/concerns and a brief report on LSP goals. The Evaluation Team suggests that when reporting on goals the key person also highlights what progress has been made, what was successful, what was not and where to next.  The xxxxx permanent members of this household have been together now for several years and appear to get on well together. There is one spare bedroom that may be trialled for respite (for only one person who is known to the people in the service).  The home is well furnished, and each person has personalised his or her own bedroom. There are also works of art and photographs by or of the people in this home in the main living areas. The home feels comfortable with a good-sized lounge, separate dining area, and kitchen. There is a large outdoor area and two of the people in the home are maintaining vegetable and flower gardens.  Two main vocational services are used by the people living in this house. These include one run by the local iwi. This service provides community-based activities and a popular fishing group, and runs in-house activities such as karaoke, art and cultural activities. The second vocational service also runs a number of community-based activities but also provides popular music, art, cooking and computer programmes. One person in this home has one day a week at home.  It appears that the majority view is one of satisfaction for how the people are supported by this service. The new manager is settling in and there is an attempt to develop a sense of ‘team’ for the staff in each of the homes in the Trust. There are full staff meetings held monthly and house staff meetings also held monthly. The house-based staff meetings could provide an ideal opportunity to focus on the LSP goals and the needs of each person in the home.  Communication with family members appears to be good. Communication between staff and between the staff and the manager seems to be fluid and the staff diary (as in all of the homes) is very detailed.  **AUTONOMY**  Each person in this home has some involvement in daily/weekly chores and meal preparation. Each person who is assigned to cooking the evening meal will personally record (if possible) what they have prepared in the menu book.  The meals prepared over the week appear well balanced. The individuals in the home are also involved in grocery shopping and are assisted with their own and household laundry. Rosters for chores and meal preparation were sighted in the home.  Two of the three staff in this house have completed training to at least level three in the National Certificate. The third staff member is relatively new and is yet to complete level 2 training. In addition to generic training, the service provides regular in-service training in topics such as Epilepsy, first aid, infection control, medication, advocacy, Māori Health, residents’ rights and responsibilities, confidentiality and privacy, incident reporting, culturally safe care, staff health and safety, restraint, and informed consent.  Each person has his or her own bedroom and there is ample space in the home to entertain friends or family in private. The people living in this home and their support workers are respectful of privacy and private spaces.  All documentation is kept secure in the staff sleep over room.  Personal files and other records are relevant, clear and up-to-date. Daily diary entries are detailed, clear and respectfully written  **AFFILIATION**  One of the men in this home has his own xxxxxxxx xxxxxxx at a local xxx and he enjoys being around his family. Generally, the people in this home participate in activities such as going to church, biking to or visiting parks, dining out, going to the library and swimming pool, and being involved in ten pin bowling and riding for the disabled. There are also opportunities to be involved in the community through vocational services and through visits with family members.  Some people regularly attend church and cultural preferences are supported through the service, vocational programmes and family/whanau.  **SAFEGUARDS**  The individual files contain essential contact information and provide details of the alerts (risks) associated with each person in the opening pages.  None of the people in this home have a formal behaviour support plan but where necessary notes are provided for staff to assist the individual should the need arise. These include notes on recognising triggers, preventing escalation (calming techniques) and managing escalation if it occurs (keeping people safe, de-escalation methods).  Medications are securely stored, and appropriate procedures are followed. All support workers have completed medication competency training and this training is revisited annually. The medication folders are well organised and provide all essential information for both staff in the home and medical personnel. Specific health information is kept in these folders such as weight and seizure records as required.  The home is well equipped for civil emergencies with a “go” bag for each person (if evacuation is necessary), well organised records, equipment, water and food.  The home is equipped for fire safety and has a current certificate of compliance provided by an independent agency. Fire drills are practised at least every six months and the people in the home were able to explain what to do in the event of an emergency.  Incident reports were sighted on the personal files and, where these were completed, appropriate follow-up procedures were noted. Incidents are discussed at staff meetings and trends in incidents are likewise noted.  The home maintains a hazard register and all hazards are followed up with action plans. There were no outstanding hazards of note in this home.  All staff have completed (or had attended) first aid training.  **RIGHTS**  The Code of Health and Disability Services Consumers’ Rights is available to the people in this home.  The people living in this home and their family members understood how to make a complaint should one be required. A complaints register was sighted.    The service has recently employed a new manager and is in the process of reviewing policies and procedures. Those currently under review include restraint and enablers, positive behaviour support and abuse/neglect. The current edits for these policies are in keeping with accepted legislation and rights statements. In particular, the right to positive behaviour support practices that are informed by the sector, do not involve punitive or aversive treatments, and support least restrictive alternatives.  The restraint and enablers policy includes definitions, the conditions under which restraints or enablers may be used, the appointment of a restraint minimisation committee where needed, three-monthly review periods, and the requirement of behaviour support plans that stress restraint only as a last resort and a plan towards elimination.  Restraint is not currently employed anywhere in this service.  **HEALTH AND WELLNESS**  Each person in this home has his or her own doctor and has ready access to allied health professionals. The service assists the people to attend appointments and arranges for regular health checks and related health screens. It was noted that the people in the home also had regular dental appointments (including dental hygienists) and variously utilised services such as podiatry, the opticians and audiologists.  The staff in this home have regular training and reviews in infection control procedures.  The service is currently reviewing its abuse and neglect policies and procedures. Current edits indicate appropriate definitions and procedures for recognising and reporting abuse or neglect. Staff must provide written signatures that they have read and understood the abuse and neglect policies and procedures, and the service revisits the policies annually. There are no signs of either abuse or neglect of the individuals in this home. |

## 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 reviews personal planning with a focus on aspiration-based planning that is both person-centred and person-directed. Providing staff with aspiration-based training is also suggested. |

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)