# Developmental Evaluation Report Summary

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

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| **Name of provider:** | Hohepa Homes Trust |
| **Number of locations visited by region** | 2 |
| **Date visit/s completed:** | 7th March 2018 |
| **Name of Developmental Evaluation Agency:** | Standards and Monitoring Services |

## General Overview

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| The young people in this home are supported by a house manager and a house parent who together reside in a flat adjacent to the home. In total, the home is supported by a very stable team of 15 staff members who provide one-to-one support for several of the young people and active awake hours at night. The staff team meets weekly and shifts are overlapped so that verbal hand-over is provided. Likewise, handover to school personnel is provided each morning when the house staff walk each of the young people up the hill to school. At the end of the day the school personnel provide a verbal handover when the house staff come to pick up each person. This intensity of support is necessary for these children/young people and helps provide consistency and safety.  The stability of the staff team (very little turnover) means that the support workers know each young person well and are able to develop a rapport. The team appears to work cohesively together and actively shares information and ideas. This is also an important aspect for supporting young people who can be challenged by such things as sudden changes, crowds, loud noises, ill health and interpersonal interactions. The service works closely with allied professionals, including a multidisciplinary team consisting of a psychiatrist, EXPLORE psychologist, paediatrician, teacher(s) and registered nurse (associated with the school). Furthermore, the service is supported by an intern psychologist/behaviour support specialist and an itinerant psychologist who provides Team Teach (behaviour support) training to all staff.  The young people appear to live relatively harmoniously together. A review of all incident reports over a one-month period indicated that most serious and very serious incidents did not involve other housemates (one exception was noted). The home is large and spacious with many areas for the people to find time alone (albeit with a support worker nearby). There are two wings to the building with bedrooms and bathrooms at each end. Further, there is a large dining area, lounge and activities/music room. There is also a trampoline outside that is often used and one of the young people has his own car (with one-to-one staffing) that allows him to get out and about.  The house itself is old and is in the process of being replaced. Plans to build a new home are in the advanced stages and accommodation for the young people during construction has been made available on the same campus. The new building on the same site will include an initial five-bedroom home and then a second three-bedroom home. The staff flat will be retained.  Each young person has an Individual Education Plan (IEP) with the school and a complementary Individual Development Plan (IDP) that includes many of the same goals. In addition, some of the young people (usually 14 years and older) have a transition plan as an initial step toward leaving school in the future. These plans vary in complexity depending on the age of the person. The IEPs and IDPs are primarily educational or developmental in focus, meaning the goals are typically life or communication skills. These are each termed ‘aspirations’ and are broken down into SMART goals, or the steps needed to assist the person to succeed at each goal.  *The families and guardians associated with young people in this home were on the whole very satisfied with the 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**  There is good cooperation between the school and the home with regard to the development of IEPs and IDPs. As noted in the Executive Summary, the ‘aspirations’ in these plans tend to be educational and developmental and as such are not necessarily a true reflection of what the person may be choosing for themselves. Nevertheless, the aspirations are linked to important life skills that will positively set the individual up to succeed when they wish to pursue more personal goals (hobbies, interests, dreams) in the future. Each aspiration is accompanied by a SMART goal which is designed as an achievable step or series of steps toward achievement. All goals are overseen by a keyworker or person responsible for each goal and progress notes are recorded both in daily diaries (as they happen) and monthly. Reviews of IDPs are based on school terms and are provided in an accessible format for families/whānau and guardians.  There are plans to introduce an online reporting system for family/whānau and guardians that includes information about what their young person has been doing. This system will include less formal descriptions and photographs and will be updated regularly.  The IDPs tend to include a number of support plan goals (eg, brushing teeth, choosing clothes, toileting etc) but otherwise records for daily support needs are located formally in the NASC review file and less formally in the communication diaries. The communication diaries are prominently displayed at the start of each person’s file. These are colourful and easily accessible information booklets that include likes and dislikes, ‘things I am good at’, ‘things I can do for myself’, ‘things I can do with supervision or physical help’, and ‘things I need someone else to do for me’. The communication diaries also contain information on ‘how to communicate with me’, ‘how I communicate’, and ‘my difficulties and how to help me overcome them’. In short, the communication diary is a support plan but with extra details where needed.  As noted in the Executive Summary, the young people in this home appear to co-habit successfully. The ratios for staffing in this home also assist in keeping any confrontations (if they occur) under control. When the Evaluation Team visited, the home was calm and each of the young people were ‘doing their own thing’.  Each person has his/her own bedroom and there are baths and showers provided in the bathrooms (and toilets) at each end of the house. There is also a bathroom (with toilet) toward the centre of the home. The kitchen is large with ample bench space and a large 900mm oven and cook top. The space is, however, aging and like most of the home is in need of extensive renovation. As noted earlier, the service has anticipated this requirement and has advanced plans to replace the home.  The Evaluation Team sighted all of the following legal documents relating to the young people at the home. All of these documents were up-to-date:   * section 141 agreements for placements in a residential home, * section 9 agreements for access to a Special School, * needs assessments with annual reviews through the NASC, * Custody Orders and/or Guardianship Orders, and * consent agreements.   The service has residential agreements that are completed on entry to the service. Annual residential/home agreements are now needed.  Family members were satisfied with the progress made by their young person during their time in this service. The House Manager and the House Parent both have a close relationship with the families and communication between the home and the families is very good.  There are a range of communication styles used by the young people in this home. Some staff carry communication core boards and Makaton is used in the home alongside verbal communication.  Only one person participates in house meetings although each person can express their preferences (likes and dislikes).  **AUTONOMY**  The children and young people in this home are encouraged to keep their own bedroom tidy and to participate in the daily/weekly chores in the home. Some children can help with setting and clearing tables, hanging or bringing in laundry, dusting and vacuuming. The home employs a cook who provides the evening meal. Menus are decided by considering the individuals’ likes, dislikes, allergies, special diets etc and through the use of the Steiner menu planner (this involves organic produce and providing different grains and meats on different days). The menus for each day have been recorded and appear to provide good variety and balance.  We were unable to see individual staff files on this visit but a summary for each staff member indicated that all have completed police vetting for support workers who are working with young people and children. These summaries also indicated that most staff have completed essential training in first aid, medication, infection control, health and safety, and manual handling. It appears all staff have completed or received equivalence in at least the level 2 certificate, and completed Team Teach, SPELL and epilepsy training. Special training for some senior support workers was also provided in handling and administering controlled drugs.  Each person has their own bedroom and there is ample space in the home and in the grounds to meet with family members privately.  All personal records are kept in a locked cupboard in the staff room (which is also locked). Central files are kept secure in a locked cabinet in the office.  Daily diary entries are very detailed. The service is considering moving to electronic record keeping and providing an online and secure reporting system for families that can includes photographs. Currently the daily diary records are kept on sheets of paper in the person’s house file.  **AFFILIATION**  The children and young people in this home have some opportunity to participate in the community. Several people make use of the town pool and one person belongs to Special Olympics in Napier/Hastings. There are records of visits to festivals in town (for example, the Art Deco Festival and a visiting waka), going to shops and using cafes. The young people also go to various parks and the beach. One young man has his own car and his one-to-one staff can use it to take him on outings.  **SAFEGUARDS**  Personal files include all essential personal information and details regarding next of kin, medical professionals, and immediate risks (such as allergies, epilepsy).  Some people in this home have current behaviour support plans developed by approved professionals (such as EXPLORE). The plans include the review of possible triggers and consideration of how to reduce the likelihood of an issue, and methods to reduce the impact of certain behaviours (de-escalation techniques etc). We noted one person’s behaviour support plan included situations when physical restraint may be used but a recent review by the Restraint Minimisation Committee has removed this option (indicating it is no longer necessary). A review by EXPLORE is being sought to confirm this conclusion.  Medications were securely stored in a medication room that is also kept secured. Staff provide medications to one person at a time with no other young people in the room. The medication folders contained doctor’s prescription sheets, information on when medication reviews had occurred (up to six monthly depending on the type of medication), specimen signatures for each staff member, medication administration signing sheets and information about each medication. Controlled drugs are kept according to the Policies and Procedures; the controlled drugs register is completed each day (double signed).  The house is equipped with smoke detectors and a fire blanket. The last review of fire equipment in the home was conducted by an external contractor in January 2018. Fire drills are practised three times a year.  A hazards register was sighted and is up-to-date. Hazards, infection control, and health and safety are permanent items on the staff meeting minutes.  The policies and procedures documents generally are detailed and provide information on behaviour support, medication administration, infection control, abuse and neglect, hazard and incident reporting. The staff are made familiar with the policies and procedures during induction and orientation. Recent staff meetings have reviewed policies such as positive behaviour support, abuse and neglect, and restraint minimisation. The service has begun a process of reviewing key policies and procedures cyclically at staff meetings.  Incident reports are provided at the back of each person’s file if they are relevant to that person. The service provides a systematic breakdown of trends in incidents for each person and generally. Incidents are discussed at staff meetings and at management meetings.  The house is equipped with civil defence equipment and food. There are large water tanks on site that double as the emergency water supply.  **RIGHTS**  The Code of Health and Disability Services Consumers’ Rights is made available to welfare guardians and family members.  The family members indicated they understood how to make a complaint if the need arose.  The people in this home are treated well by the staff and with consideration and respect.  The policies and procedures documents include a policy on behaviour management and restraint but in reading the document it is more weighted towards restraint rather than positive and non-aversive approaches to behaviour support. The service is considering a review of this document.  **HEALTH AND WELLNESS**  Each person has his/her own doctor and has access to the health professionals who attend the monthly clinic (psychiatrist, paediatrician and psychologist). A dentist provides on-site dental checks (with external follow-ups elsewhere as they are indicated) and there are regular health visits as needed.  Infection control policies are in place and each staff member is made familiar with safe practices at induction and orientation. Annual review of infection control policies and processes occur for all staff members.  The service provides clear policies and procedures regarding abuse and neglect. These include recognition of the signs of abuse and neglect.  Abuse and neglect policies and recognition and reporting processes are covered during induction and orientation. There are specific policies regarding abuse and neglect in relation to children and young persons.  The staff understood the necessity to report any new injuries or bruises in incident reports, and for managers to seek the cause wherever possible. |

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

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| 1. The service provides home agreements. |

## Recommendations

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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)