# Developmental Evaluation Report Summary

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

|  |  |
| --- | --- |
| **Name of provider:** | Hohepa Homes Trust |
| **Number of locations visited by region** | 2 |
| **Date visit/s completed:** | 7th December 2017 |
| **Name of Developmental Evaluation Agency:** | Standards and Monitoring Services |

## General Overview

|  |
| --- |
| This is a relatively new service to Kapiti. It currently provides two homes on one site.  The xxxxx people living in this home appear to get on together relatively well; however, there have been behavioural issues that may have had an impact on others in the home from time-to-time. Xxx people are new to this particular organisation, with one moving in as he completed his schooling career.  This home was moved onto the current site and renovated in 2016. It is a comfortable three-bedroom home with a sunny deck and recently installed spa pool. The people in the home proudly showed the Evaluation Team around the home and their own bedrooms. These were personalised with posters and pictures, art works and personal items. The lounge, dinning and kitchen are all open plan and tastefully decorated.  The families of the people living in this home are all pleased to have their relative living in the region and often visit with them (or take them home or on outings). They are all supportive of the manager of this service and were pleased with the introduction of keyworkers. The families, in general, stated they would welcome more consistent communication with either the manager or keyworkers in order to have regular and detailed updates of how things have been going each month. Improving or reinitiating monthly reports with this in mind may be a method of providing this type of communication.  Family members have formed a family association for Kapiti. This group meets quarterly and has had one meeting with the National Board to discuss the development of the site. However, despite this, some families were still unsure of what is planned and there are mixed opinions about how the site should or could be developed. Some concerns include too much activity on-site and insufficient meaningful and individualised participation in the community. For example, continuing and expanding work roles for some of the people has not occurred as well as some families would prefer and many activities off-site are either exclusive to disabled people or in groups.  The staff team has some members who are relatively new to the profession and all seem eager to start training in the New Zealand Certificate. All staff are currently training in a weekly Makaton course. This has been welcomed by family members and it includes the people living at Hohepa (with qualitatively positive results).  There is variation in opinion about how well this staff team works together and with the manager. For this reason, it would seem important that team building be made a priority and this has been recommended. Improving staff meeting processes by providing formal minutes, providing focused time to discuss the monthly reports and goals for each person, and a time to discuss a ‘policy of the month’ is suggested. Furthermore, developing and implementing current Individual Development Plans (IDPs) with a focus on aspiration-based planning could be helpful to both the staff team and the persons concerned. Finally, allowing the team to train together in the New Zealand Certificate would be beneficial to everyone and expediate the process. Other training recommended in this report includes training relating to the special character of the service, current trends in the sector, values training and aspiration-based planning.  The people in this home are involved in a number of vocational and recreational activities including going to The Shed (woodwork, art, drumming) or another vocational provider in the area, participating in ‘at home’ activities such as frequent walks, bike riding, and working in the gardens, participating in Makaton classes with the staff, going to RDA and Ten Pin bowls, being involved in movie night at The Shed and going to Star Jam  *As noted there are a wide range of views regarding this service that indicate satisfaction in some areas but confusion or dissatisfaction in others.* |

## Quality of Life Domains – evaluative comment on how well the service is contributing to people achieving the quality of life they seek

|  |
| --- |
| **IDENTITY**  The Individual Development Plans (IDPs) were not yet developed for the people in this home or were up to two years out of date. Likewise, monthly reports tended to stop in February 2017. It was noted that goals reported on in the monthly reports that were available tended to be developmental in nature and closely connected with the seven focus areas of the formal IDP forms. Only one of these focus areas related to aspirational goals but these were generally absent from the documents provided.  The IDPs combine both care/support plans and personal/aspirational plans. Six of the focus areas are clearly those found in most care/support plans (for example, spiritual/emotional wellbeing, self-management, participation, communication, work competencies and education) with some of the older plans including headings such as health and physical wellbeing, self-management, communication, and social skills. The preponderance of these focus areas or headings will greatly limit the possibility of self-directed or person-motivated personal goals or aspirations that relate to what the person is interested in, enjoys, dreams of or wants. Furthermore, the plans that were available do not cover the specifics of daily support needs but rather are goal orientated. It is difficult to understand, therefore, how these records guide new or existing staff to assist an individual in daily routines and support requirements.  The manager of the service noted that provision of IDPs was progressing slowly and this pace may have been important while the staff and the manager were getting to know people. However, it is now time for these plans to be completed.  Each person has a keyworker who is known to family members. Providing monthly reports for family members would be welcomed as a means of keeping families informed. However, the monthly reports that were available tended to be repetitive and provide little detail of what has been attempted, what happened (precisely), what the barriers were (if any) and where to next.  The xxxxx people in this home appear to get on well with one another, but it is known that there are some behaviours that have impacted on others in the home from time to time. Ongoing assessment of compatibility and the rights of other flatmates to live with people they are comfortable with is always an important consideration.  The home is in good repair, is well furnished and is comfortable. Each person has their own bedroom that is personalised with photographs, posters, art works, and other personal items. The home has two toilets and one bathroom, and an open plan lounge, dining area and kitchen.  The house is located on a large piece of land at the end of a residential street. There is a large parking area immediately inside the gate and the house is behind this fenced off area. The second house on the site is approximately 100 metres to the east. With the two houses, the property has a rural feel and does not stand out as unusual or ‘different’ in the local area.  There were no current home/residential agreements in the files or sighted by family members.  The people in this home are involved in a number of activities during the week, including on-site and at vocational services etc. On-site activities involve working in the gardens and participating in the weekly Makaton training. Activities off-site include woodwork, art and music (drumming) at The Shed, RDA and walking or bike riding. Until recently some of the people worked voluntarily at an orchard in exchange for organic produce at a reduced price. One person also has a voluntary job in another town and sails with *sailability*. One other person attends a different vocational service in the area once a week.  Family members have been pleased with the introduction of keyworkers and have been able to communicate with these people and other staff, especially when they pick up or drop off their relative. It was pleasing to hear that some family members also attended the Thursday night ten pin bowling as this provides another opportunity to interact with staff and other people from the service.  Communication with the manager of the service has been welcomed but some families were disappointed monthly progress reports from the manager have been sporadic. It is suggested that as the quality of monthly reports improves these could be used as a means of keeping families informed.  **AUTONOMY**  The people in this home are encouraged to participate in meal preparation and some are involved in clearing and setting tables, loading and unloading the dishwasher, cleaning bedrooms, vacuuming and so forth. The staff report knowing what each person likes to eat (and what they do not like) and the meals appear well balanced.  Many of the staff team are new to the sector and have not yet begun formal training in the New Zealand Certificate. One person has a non-New Zealand based Master degree in social work and is seeking NZQA equivalence and another is an experienced teacher aid.  The staff team is currently engaged in Makaton training directly aimed at assisting with the communication of some of the people living on-site. This has been welcomed by family members and has assisted with ongoing communication. There has also been training in Team Teach (a behaviour support programme), SPELL (relating specifically to autism), medication competency, safe practices (infection control) and first aid. One person has also completed epilepsy training and safe handling techniques.  **AFFILIATION**  The Evaluation Team reviewed all daily diary entries to determine the number and type of activities that occurred in the community for each person. During November, for example, one person had been on numerous walks on the beach, along the river or in parks with other people from the service. This person had also been to various shops with staff support (grocery shopping, going on errands etc), had been to ten pin bowling (with flatmates and family members) and been to places such as the Marine Gardens, visiting beaches and taking drives. The bulk of these activities were either isolated from other community members or occurred as part of a group. Individualised activities included one person participating in weekly employment, visiting the dentist, getting haircuts, going to the doctor and personal shopping.  **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 behaviour support plans included situations when physical restraint may be used.  Medications were securely stored, and 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.  The house is equipped with battery-operated smoke detectors that are in working order and fire equipment (blanket and extinguisher). Fire drills are practised and the service has emergency plans in place. The Evaluation Team believes providing wired-in smoke detectors may reduce the likelihood of tampering.  Hazards are reported as needed and appear as a permanent item on staff meeting agendas. However, staff meeting minutes lack formality, can be poorly written and do not provide space for staff who were absent from the meetings to sign that they have read the minutes.  The policies and procedures documents 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. Beginning a process of reviewing key policies on a rotating basis at staff meetings may be a useful means of discussing practice and refreshing staff knowledge in these areas.  Incident reports are provided at the back of each person’s file if they are relevant to that person. Providing a systematic breakdown of each person’s trend in incidents may be useful for behaviour support purposes. Incidents are discussed at staff meetings and the reports appear to be followed through by the manager.  The house is equipped with civil defence items such as equipment, stored water and there is ample food in the pantry.  **RIGHTS**  The Code of Health and Disability Services Consumers’ Rights is made available to welfare guardians and family members. The service does not provide house meetings for the people living in this home although some people in the home are fully capable of being involved in such meetings.  Family members indicated they understood how to make a complaint and there is evidence that some families have exercised this right in the past.  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. It would also be useful to add definitions and expectations regarding positive behaviour support and of the various forms of restraint into the policy (ie, physical, environmental, chemical, and emergency restraint and enablers).  **HEALTH AND WELLNESS**  Each person has his/her own doctor and there is evidence of both visits to doctors and other health professionals (such as dentists, podiatry etc). These occur as needed or as regular health screens/reviews.  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.  Reviewing abuse and neglect policies and processes with all support workers at regular intervals (at least annually) would be helpful. This could be easily achieved if the service introduces a ‘policy of the month’ at staff meetings.  The homes appear to be safe and secure.  There were no property inventories noted on the personal files. The people did appear to own their own bedroom furnishing and personal items, and these were treated respectfully by support workers.  There does not appear to be a localised strategic plan. Developing a strategic plan with stakeholders would be an important tool in developing a meaningful partnership with stakeholders. |

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

|  |
| --- |
| 1. The service completes the process of providing up-to-date IDPs and considers the distinction between developmental care/support plans and aspirational plans. The service also considers redesigned monthly reports that can be used to provide detailed review goals for both the staff team and as a means to keep families informed. 2. The service provides home agreements. 3. The service provides training in aspiration-based planning, the special character of the organisation and current trends in the sector (with an emphasis on values training). Yet to be qualified staff begin training in the New Zealand Certificate in Health, Disability and Aged Support. 4. The service reviews its behaviour support policies to include statements regarding positive behaviour support and non-aversive and least restrictive alternatives. The service also reviews its restraint policies and includes definitions of the various types of restraint and enablers possible. 5. The service provides personal property inventories for each person in the home. These typically list all the items owned by the person, their approximate value and date of purchase. |

## Recommendations

|  |
| --- |
| 1. The service develops a localised strategic plan to keep all stakeholders informed and involved in the development of the site. 2. Providing formally written staff meeting minutes that include both set agenda items and a ‘policy of the month’ would be developmentally helpful for the staff team. Also, having absent staff sign that they have read the minutes would also be useful in ensuring staff are kept informed. Likewise, it would also be helpful to provide a register for staff to sign that they have read and understood each policy as it is reviewed. |

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)