# Developmental Evaluation Report Summary

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

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| **Name of provider:** | IDEA Services Hutt Valley |
| **Number of locations visited by region** | 1 |
| **Date visit/s completed:** | 18 April 2018 |
| **Name of Developmental Evaluation Agency:** | Standards and Monitoring Services |

## General Overview

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| This home has been set up for older people who do not attend out of home vocational services. There is one younger woman in the home with very high support needs and xxxx women who are over 70 years of age. The home is busy and vibrant with staff providing for direct support needs and engaging with the individuals in a variety of activities. Some of the women in this home have disabilities that limit what they can do outside the home.  The service runs a ‘vocational programme’ from the home and this includes a number of at-home activities, visits to other homes for retired individuals, running errands, visiting libraries and cafes, and visiting vocational services for specific purposes (ie, music therapy). The Evaluation Team believes some attention to the quality and range of some activities for some people may be useful and/or records, such as daily diaries or progress reports, could be more detailed.  The large staff team is relatively stable with several long-term senior staff members. The team appears to work well together and have been able to manage any issues within the team between themselves. The service attempts to keep all staff abreast of changes in the sector and up-to-date with training requirements.  Personal planning is attempted for all of the women. Most of the goals in these plans are reflective of each individual (likes, interests, ambitions), although some indicate things that occur as a matter of course  The house is rented and is in reasonable repair for its age. The service reports that the landlord is responsive when repairs are required. The building has one accessible shower which makes this a busy space for six people. There is a second standard household shower that is typically used only by staff. The home is equipped with ramps for wheelchairs but some of the doorways are standard width and can be difficult to negotiate with large wheelchairs at times. The building is equipped with pop-down sprinklers and smoke detectors. A building warrant of fitness was sighted and is up to date.  The family members/advocates are very supportive of this service and provided examples of how well the staff in the home attend to personal needs and attempt to keep the people stimulated. |

## 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 personal plans are all current and include details that are unique to each person. Some goals, however, are reflective of activities that would occur as a matter of course, as part of daily life activities or part of the existing vocational programme. It is suggest that it may be useful to explore goal planning with a view to exploring what the person finds stimulating and interesting, that may be unique to the person and not something everyone is doing together. Progress notes are provided at three monthly intervals although these notes are not detailed.  The aim of personal planning is to provide a process that ensures the service is working toward providing an individualised approach that takes into account the person’s interests and desires. The aim of progress notes is to review what has been done or attempted, what worked well, what barriers there may have been, and provide an indication of the next steps. Discussing goals and progress in staff meetings can assist with both the record keeping and provide an avenue to consider the next steps.  The Evaluation Team had a conversation with the Needs Assessor at the local NASC. There appears to be a good working relationship with the NASC and the Needs Assessor appears to know each individual and the service very well. Needs assessments are up-to-date and relevant to the people living in this home.  The women in this home appear to get on well together and many have known each other for years.  The home is an older, wooden building with drive-on access and ramps. There are six bedrooms and a staff office/sleepover room. The dining room, lounge and kitchen are separated from one another at one end of the house. The bedrooms are located down a corridor near the one accessible bathroom/toilet. The lounge provides enough space for all xxx women but there are few private spaces for visitors except the person’s bedroom. The dining area has sufficient space for the people and staff (as several people require assistance at meal times).    The bedrooms are cheerful and personalised with photographs, art works, awards, knickknacks, bedding, rugs etc. The house, likewise, has been personalised with photographs and artworks of the people who live in the home. Some people are provided with specialist beds and equipment, as required, and some people have their own lounge furniture. The home, despite its busyness and size, feels like a home.  There are home agreements on the individual files but these are out of date (most being completed in 2012).  The home has a vocational programme that is separately funded and runs during working hours (9am to 3pm) on weekdays. The programme includes activities outside the home such as visiting other homes, attending music therapy at one of the vocational services, going for walks and van rides. In-house activities include some music and movement activities such as ball games and sit/wheelchair dancing, and activities such as pamper sessions and movie days.  One person has some one-to-one time with staff going to the library and following up with a café visit.  There are clear lines of communication between the family members/advocates and the service. The family members and advocates were able to identify keyworkers and reported they were contacted when issues arose or their advice was needed. They stated they felt comfortable simply dropping in at any time.  There appears to be good lines of communication between the staff and managers, and within the staff team. There is good attendance at staff meetings and these occur every two weeks. The minutes of staff meetings vary in quality (detail) depending on who is taking the minutes (this activity seems to be rotated).  The family/advocates report that the people in this home appear to be treated with dignity and respect. One family member commented the staff are “really good, I watched them getting people out of bed and it was just lovely”.  Personal touches such as having a beer a couple of times a week or staff bringing in a small dog for the people to pet are also indicative of a staff team that is attempting to treat the people well.  Maintaining health and keeping the people active and moving is an important aspect of successful aging. That the oldest person in this home is 88 years old is a testament to the quality of this support.  **AUTONOMY**  Most of the people in this home are unable to participate in daily household duties. One lady collects the mail each day, does some dusting and helps empty rubbish bins, and another helps fold flannels or towels.  Each person in the home has specific diets and meal preferences. Some people require soft foods and thickened fluids, and most require assistance when eating. The staff understand the people’s food preferences and attempt to give each person the same food (although one person is gluten free), and each type of food is kept separate on each plate (ie, not all mixed together). The menus appear balanced, interesting and well prepared.  All but one of the people in this home require assistance with showering and daily care routines, some people use continence aids and some require two person transfers or hoists. These activities make for a busy day for the support workers.  All of the staff in this home have completed the NZ Certificate to level 2 (or IHC equivalence). Two have completed level 4 training.  Documents are kept secure in the staff sleepover room. The family members/advocates report being able to access personal records if needed. Some of the women have family members with Enduring Power of Attorney.  The daily diary and progress records (and to some extent staff meeting minutes) provide insufficient detail to accurately assess what the people are actually doing in their lives.  **AFFILIATION**  There are only a limited number of outings that are noted in the daily diaries that involve community participation. One woman seems to get to the library and/or café about once a month and one person attends church. There have been attempts to use the local pool which now has a hoist available for disabled people and some people are taken for walks (weather permitting), although these can be quite short walks. There are some activities such as having a haircut that occur in the home rather than assisting the people to attend a community-based hairdresser. Part of the reason for this relatively low rate of community-based activity is the degree of disability and health of some people in the home and issues concerned with staffing (needing one to two staff for an individual with a wheelchair when in the community or needing one to two staff to remain at home). However, the daily diary entries provide little detail of meaningful or fulfilling activities.  An added complication in the home is the constant use of television with the assumption that something is happening for individuals. While the use of a television may be valued by one person, it may not be valued or attended to by another. This apparent indication that something is happening may therefore be entirely misleading.  **SAFEGUARDS**  The personal files are generally up-to-date and provide all essential contact information. Risk assessments or alerts (health and safety) are provided in the opening pages of each file and contain current information only (ie, no out of date material).  Medications are securely stored and medication files contain all essential information. PRN (as required) medications are included on doctor’s prescription sheets and protocols are outlined and followed. Staff signing sheets for medications are up-to-date and all staff signatures are recorded in these files. Medication review dates are noted and follow-up with medical practitioners occurs at regular intervals. The service provides medication competency training to all staff annually.  The home is equipped with sprinklers and fire safety equipment that is checked regularly. There are no formal evaluation drills for the people in this home due to their degree of disability, frailty and the provision of sprinklers. The staff review and discuss emergency protocols, procedures and contingencies for each person in the home at three monthly intervals.  The home has equipment for civil emergencies and has adequate supplies of food, water and personal items.  Incident reports are completed appropriately (including noting the unknown cause of the injury) and follow through is indicated by management. Incidents are discussed at staff meetings and trends noted.  During basic (level 2 equivalent) training staff are familiarised with health and safety, infection control, and medication protocols and procedures. Safe handling (lifting) and use of hoists training is provided for all staff in this home and several staff have specific training in assisting people with safe eating and drinking support.    **RIGHTS**  The Code of Health and Disability Services Consumers’ Rights was evident in the home. The family members and some of the people in this home understand how to make a complaint.  The service has comprehensive policies relating to positive behaviour support and least restrictive alternatives.  The services also has policies concerning restraint and enablers. Definitions of restraint include personal, physical and environmental restraint.  **HEALTH AND WELLNESS**  Each person has her own medication practitioner and screens and annual checks are up-to-date. There is also evidence of other health related visits such visits to podiatrists, dentists, opticians etc.  The service has comprehensive policies and procedures with regard to infection control and the staff have annual reviews of infection control processes. Internal health and safety audits are undertaken at regular intervals.  The service has clear policies and procedures with regard to abuse and neglect and recognition of abuse and neglect. The staff in this service are familiarised with these policies during induction and at regular intervals (at least annually).  This is a secure and safe home for the people who live there.  Personal property inventories were sighted on the personal files. These documents were last reviewed in this calendar year. |

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

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| 1. The service provides annual home agreements for each person in the home. |

## Recommendations

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| 1. The service reviews how personal planning goals are approached, invites family members/advocates to be in the process, and provides detailed progress notes. 2. The service and staff review and consider what is actually happening in the lives of each person in this home on a daily basis both in terms of the richness of the activities and the frequency. 3. The service reviews the content and quality of the daily diary entries. |

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)