# Developmental Evaluation Report Summary

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

|  |  |
| --- | --- |
| **Name of provider:** | IDEA Services Hutt Valley |
| **Number of locations visited by region** | 1 |
| **Date visit/s completed:** | 17 April 2018 |
| **Name of Developmental Evaluation Agency:** | Standards and Monitoring Services |

## General Overview

|  |
| --- |
| xxxxx of the people in this home have lived together for some time and these xxxxx have seen housemates pass away or move to more intensive care facilities. The xxx newer people include the younger man (all the other people are over xx years old) and a man who has moved in after time in a semi-independent setting. Everyone in the home is well cared for and each person helps with daily and weekly household tasks as much as they are able.  At least one of the support staff has a liking for gardening and with the assistance of one of the men in the home maintains the beautiful grounds. The gardens in the drive and entrance area are complete with a variety of garden ornaments. The staff team has been together working in this home for 17 years or more and work well together. They are very well respected by the family members.  xxx of the men attend two different vocational services in the local area. One person does not attend formal vocational services but is supported for planned outings from the home. The remaining xxx people stay at home during the week. The service reports extra hours are provided for vocational support. Extra staff are available on weekends so that people can experience the potential richness that they are individually capable of achieving in their lives but the Evaluation Team felt this could be utilised better. The service suggests this may be helped through a review by the manager and consideration of how to progress personal plans and collaboration on how to provide individualised activities for the people.  The family members are generally very supportive of this service. |

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

|  |
| --- |
| **IDENTITY**  Personal plans and personal support information are both up-to-date. The personal plans include details of what the person wants to do or what may be of interest to them. There are some progress notes associated with the goals but these notes are superficial and either indicate one or two goals are being pursued or some goals were given up on early or haven’t been pursued. Some goals are clearly activities that are supported through the vocational services attended by xxx of the people.  Most plans are not signed by family members or advocates and it is not clear whether representatives of these people were involved in the planning process. Plans are typically signed off by support staff or managers.  The Evaluation Team had a conversation with the Needs Assessor from 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 xxxxx original people in this home have known each other for many years and get on well together. The younger man seems to have integrated into the home successfully in terms of how well he associates with other people but he seems to be becoming more and more withdrawn at home. The xxxxx man has also integrated into the home successfully.  The home is beautifully appointed and designed, and was originally built by the service for people with dementia. There are two lounge areas and a separate dining room and kitchen. These rooms overlook a patio and spacious lawn/yard area. There are six bedrooms in the house plus a small staff sleepover room/office. There are also two bathrooms and at least two toilets.  However, the décor of the main living areas and indeed some of the bedrooms have fewer personal items (art works by individuals, knick-knacks, medals/awards, photographs) displayed than are seen in other homes.  As stated previously xxx of the people in this home attend two different vocational services in the local area and a xxxxx has an active vocational programme support from home (with some one-to-one hours provided). The remaining xxx people appear to have very little happening in their day-to-day lives, in part due to health and age related issues.  There appear to be excellent lines of communication between the staff in this home and family members. There are also strong lines of communication within the team and between the staff and managers.  All of the people in this home are able to communicate verbally to varying degrees. The staff in the home understand what the people like and dislike, and what the people can find frustrating.  Staff meetings are held monthly. The notes in staff meetings can be brief particularly with respect to discussion on goals and activities of the people living in the home.  In general, the people are treated with dignity and respect by the staff in this home. However, some turns of phrase in the daily diaries could be reviewed and considered in the light of what may be happening for each person in their daily life. The brevity of the daily diary entries can be seen as disrespectful despite what actually may happen between the staff and the people they support on a daily basis.  **AUTONOMY**  The people in this home are actively involved in household tasks to varying degrees and taking into consideration personal preferences. These include keeping their own bedrooms tidy, assisting with meals, taking out rubbish, vacuuming, gardening etc.  The service has a menu plan noted in the staff communication book and provides meals that appear balanced and satisfying. The staff in this home understand personal preferences and are successfully assisting one person to lose weight.  There are a sufficient number of staff in this home to assist the people with daily personal care and visits to doctors and other medical professionals. The service reports there is sufficient staffing in the home for out of home and recreational options but these are, perhaps, being underutilised.  The staff in this home have, as a minimum, completed or have equivalence in the level 2 certificate. Two staff members have completed level 4 training and all have completed numerous in-service or short course training; but many occurred some time ago.  Documents are kept secure in the staff sleepover room. Family members/advocates report being able to access personal records if needed.  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 is very little in the daily diary notes that indicates the people get out in the weekends or evenings. Outings tend to occur through the vocational services and it appears the residential service is somewhat reliant on the vocational service to provide for these activities. One person has a volunteer who takes him out once a week for an afternoon. Another person is assisted to attend church by a member of the congregation. A third person is more active and has outings arranged during the week to places such as housie, visiting friends, the Cosmopolitan Club and going on walks in the local community.  **SAFEGUARDS**  Personal files are 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).  None of the people in this home have a formal behaviour support plan or appear to require behavioural support or intervention at this time. One person has a risk assessment that includes potential challenging behaviours, triggers (preventions), calming and de-escalation techniques.  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 provided and follow-up with medical practitioners occur at regular intervals. The service provides medication competency training to all staff annually.  The home is equipped with fire safety equipment that is checked regularly. Fire drills have been practised twice this year to date (January and March) and earthquake drills were noted to occur approximately every five to six months.  The service has civil emergency policies and procedures that are discussed with each staff team at least annually. The home has equipment for civil emergencies and has adequate supplies of food, water and personal items.  Incident reports are completed appropriately and follow through is indicated by management. Incidents are discussed at staff meetings and trends noted.  There is space in the staff meeting minutes to discuss hazards and hazard reporting processes are made available to staff at other times. The roof of this home is leaking in places and is due for renewal. The service indicated this work is scheduled to occur in this calendar year.  During basic (level 2 equivalent) training staff are familiarised with health and safety, infection control, and medication protocols and procedures. Newly introduced training modules have included topics such as safe eating and drinking support, abuse prevention and rights and responsibilities, infection control and medications. The staff have also completed first aid certificates    **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 positive behaviour support and least restrictive alternatives.  The service also has policies concerning restraint and enablers. Definitions of restraint include personal, physical and environmental restraint. A restrictive practice protocol was noted for the locks provided on the pantry and freezer due to the risk issues associated with two people in the home.  **HEALTH AND WELLNESS**  The people in this home each have their own medical doctors, dentists, podiatrists, opticians and so forth. The people have annual health checks and necessary health screens. Regular appointments were noted in the personal files.  The service has comprehensive policies and procedures with regard to infection control and the staff have annual reviews of infection control processes. Health and safety audits are undertaken at regular intervals (ie, in 2017 in March, June, September and December).  The service has clear policies and procedures with regard to abuse and neglect and recognition of abuse and neglect. All staff members 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)

|  |
| --- |
| 1. A review of all forms of note taking, including staff meeting minutes, daily diary entries and progress notes on personal plans, be undertaken and considered with regard to providing rich detail and respectful approaches. |

## Recommendations

|  |
| --- |
| 1. 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. |

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)