**Developmental Evaluation Report Summary – IDEA Northern Region**

**At midpoint of certification cycle for community residential services – sensory, intellectual and physical disability**

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| **Name of provider:** | IDEA Services (Northern) | |
| **No of houses visited and location** | 7 | xxxxx  xxxxx  xxxxx  xxxxx  xxxxx  xxxxx  xxxxx |
| **Date visit/s completed:** | All house visits occurred between the 9th July and the 24th November 2019 | |
| **Date report finalised:** | DRAFT emailed on 11 December 2019  Report finalised on 20 December 2019 | |
| **Name of Developmental Evaluation Agency:** | SAMS (Standards and Monitoring Services) | |

**Methodology**

Individual service (house) reports were completed by a range of SAMS Evaluators using a standardised developmental evaluation process and evaluation framework.

The SAMS Developmental Evaluation Approach primarily uses qualitative methods and a partnership model.

The methodology is consistent with:

* individualised focus
* partnership
* inclusion
* equity.

The approach enables both a process and outcome focus allowing the Evaluation Team to equitably represent the different views of defined groups and compare the outcomes for the differing groups.

Evaluations are conducted by teams and normally each team includes at least one consumer or family member as a full team member. Team leaders and team members receive comprehensive training.

Information can be gathered through:

* observation
* individual and group face-to-face interviews
* telephone interviews
* review of protocols and procedures.

Before departing a service, initial feedback is presented to those involved in the evaluation process. A draft report is prepared on the basis of evaluation team consensus and circulated. This draft is then negotiated with the provider to determine a final document, including recommendations for development.

Individual service (house) reports were then collated to identify themes. The primary method of analysis involved two senior SAMS Evaluators reading all of the reports for each region, summarising the key areas against the checklist specifications and providing a count of broad categories for each recommendation. The themes, drawn from the finalised individual service (house) reports, are the basis for this report.

Once summarised, the two overview reports were then read by an independent person for clarity and balance.

**General Overview**

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| Seven homes represented the sample group, identified by the Ministry of Health, for this mid-point review of IDEA Northern region. There were xx residents in these homes aged between xx and xx years old. There were xx women and xx men. xxxx people identified as Māori and xx as NZ Pakeha/European (xx other person identified as a different ethnicity).  All of the properties in this summary were single residential addresses for five or more people. The maximum number of beds per property was five (there were two vacancies at the time of the reviews). Two of the homes included a house and a separate flat.  The seven properties were situated throughout xxx xxxxx. As well as these properties, SAMS visited nine homes for people with less than five occupants/beds. These homes are not summarised with this report.  **Northern Region Correction Action Report**  There was one “corrective action” previously agreed between IDEA Northern and their Designated Audit Agency. The finding related to this corrective action states:  Not all aspects of medication management meet requirements in relation to accuracy of medication orders and records, expiry labelling of eye drops/ointments and documenting allergies/alerts or nil allergies known.  The corrective action states:  Ensure all aspects of the medication management system are implemented safely and meets requirements (PA Low, due 2nd January 2019, criterion 1.3.12.1).  As well as responses to the DAA Group by the 2nd of January 2019, SAMS reviewed the medication processes in all the houses visited with regard to the corrective action. In all the homes the services met the criteria stressed in the correction action and **no further actions were indicated.**  **Results from the SAMS Developmental Evaluation**  The seven reports identified two requirements against the contractual Service Specifications and Health and Safety Sector Standards represented in the SAMS checklist. The two requirements, like the corrective actions from the DAA Group Certification process, are listed according to risk (low, moderate, high and critical) and set to time frames and evidence requirements. The requirements are each relative to a residential address rather than the entire service.  As well as the two requirements, a total of 55 recommendations were made that relate to the ‘developmental’ aspect of SAMS reviews. In some cases, especially where recommendations are made within a single IDEA branch, recommendations may be identical between some single reviews. This is due to the recommendation being a common area of development relating to a branch or service. Requirements and a summary of the recommendations are listed at the end of this report.  **Overview of the seven evaluation reports**  There was a generally positive thrust to the evaluation reports for the seven homes involved in this summary report. Two report writers (team leaders or co-leaders) indicated the Evaluation Teams interviewed family representatives from the majority of the people living in the seven homes (25 separate interviews) and also interviewed 19 support workers, nine service managers or acting service managers, four vocational support managers or staff and the area managers from each IDEA region involved in these reviews. They also met with and visited nearly all of the people living in these homes (one person stayed away from the visiting teams).  The level of satisfaction with services indicated by families/whānau and the people living in the homes was positive. The teams indicated that support workers were very positively focused on the people they supported and did their best to provide a dignified and positive lifestyle for each individual.  All of the people in these homes had their own bedrooms and had opportunities for privacy on their own terms. In all seven of these homes the Evaluation Teams indicated reasonable compatibility between people with no serious issue being reported. In a couple of instances, the Evaluation Teams suggested a little more care be taken in introducing prospective new house mates (ie, following the approved IDEA processes and service guidelines).  One of the more consistent areas where IDEA seems to be experiencing difficulties in these seven homes is retaining and employing support workers. Turnover was reported to be as high as 75 percent in some homes and this has ongoing consequences for the people who are being supported. The Evaluation Teams also recommended developing a consistent and cohesive staff team in some homes. A related theme appears to be a perceived lack of rostered staffing ratios. This limits what can be achieved for individuals in terms of achieving personal planning goals and having opportunities to be involved in the community. Without progressive and meaningful goals or involvement in the community the services run the risk of becoming *only* places to provide safe day-to-day personal support, with all other activities being segregated or group based.  **Areas of Strength**   * Generally positive levels of satisfaction reported by families/whānau and the people living in the homes. * Good indications that the people in each home are compatible and live comfortably with one another. * Positive attempts to provide personal plans annually and provide details such as breaking aspirations or larger goals into achievable steps, including timeframes, person(s) responsible and progress notes. * Generally excellent examples of providing safe services on a number of dimensions, including having appropriate systems and processes in place. * Providing good communication with families/whānau and welcoming their involvement in the life of their relative. * Providing a range of vocational or weekday activities, including employment or voluntary work for a few people. * Involving individuals in the daily activities of living, including being involved in their home through chores, meal preparation (in some cases), grocery shopping etc. * Providing good core training for staff including promoting completion of the New Zealand Certificate to at least level 2. * Attempting to respond to the cultural and spiritual needs of each person in a variety of ways. * Promoting the use of volunteers, in some cases, to work with/support a person in a specific area. * Keeping good records through daily diary entries, progress reporting, incident reporting and staff meeting minutes. * Developing record keeping further through new on-line systems, such as ‘Iplanit’ and ‘MySupport’. * Maintaining effective policies and procedures that are reviewed at regular intervals. * Attempting to work positively with allied services, such as local area needs assessment services (NASCs).   **Areas of Suggested Development**   * Stabilising several staff teams, both in terms of reducing turnover and developing a cohesive team. * Exploring methods of improving staffing ratios, especially as age related changes occur for individuals. * Continuing to positively advocate for improved supports through the local area NASCs. * Providing stable middle management at the level of Service Managers. * Providing consistent on-call job descriptions and support including clear guidelines about where to provide on-call services (ie, regional offices). * Reviewing personal planning goals to provide individualised goals that are not rolled over each year (unless a goal is progressive), with appropriate resource allocation for goals to be achievable. * Attending to maintenance issues in some homes. * Providing methods for the people living in the home and families/whānau to provide feedback and work in partnership with the service, branch and organisation. * Re-introducing or promoting house meetings, attendance at self-advocacy groups and related forums. * Seeking confirmation from families/whānau and advocates about how much communication they desire from the service and how often. * Improving access to vehicles and/or for staff to provide greater individualised or small group access to the community. |

**Quality of Life Domains**

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| 1. **Identity:**     **People choose and realise personal goals**  Personal planning is going through a transition period in IDEA services as new on-line facilities are being completed for My Support (the system is called ‘Iplanit’). The service no longer employs Outcome Facilitators to monitor personal planning within a region but relies instead on Service Managers to oversee the planning process in the homes they manage. IDEA has employed a new “turn and face the people” model for Service Managers that stresses a more hands-on approach to management.  IDEA Services has refocused the role of Service Manager to allow them more time in services and more time with families. (Chief Executive, IHC Annual Report 2017-2018)  These and other changes in IDEA residential services have created a situation where personal planning is in a holding pattern until the new approach gains momentum. However, currently the Evaluation Teams are encountering personal plans that are quite limited and lack opportunities for people to explore their own aspirations. Likewise, resources (such as staffing and vehicle availability) appear to inhibit opportunities for people to realise individualised goals.  There were no requirements relating to personal planning in the seven reports but there were many comments concerning either the substance of goals and aspirations or the resources available to help people pursue individualised options.  **Related Extracts**  *“The goals observed were not generally individualised or specific and some goals were group focussed (outings, activities). We noted that the same goals appear to have been in place for a number of years and ‘rolled’ over (keep in contact with family, staying connected in my community, to do fun things with friends).”* Santa Maria Key  One observation made by the Evaluation Teams with regard the ability of the services to provide a good personal planning process related to the level of staffing, staff turnover and the cohesiveness of the staff team. In one home, for instance, one-to-one staffing for several of the people in the home assisted with how responsive the service could be to individualised personal planning goals.  **Related Extracts**  *“The goals identified varied and seemed to reflect the specific interests of the people, such as to ‘work on getting an 18+ Card’, ‘find employment’, ‘tend a flower garden’, ‘follow interest in sports’, and ‘socialise with friends’).”* Chelsea Drive  The variation in observations between the homes with regard to personal planning and other aspects of service delivery highlight the many factors that can influence the quality of services. The factors can include the type and degree of support needed, the composition of the people supported in a home (not just compatibility but variation in support needs), staffing levels and other resources (such as vehicles), leadership, communication, cohesiveness within a team and skill/experience.  **People choose services**  Policies and procedures within IDEA services clearly outline how to introduce potential new house mates with the aim of allowing the people who live in a setting (and their families), and the person concerned, to be involved in the decision-making process. There were some examples of this process working successfully in the seven houses visited by the Evaluation Teams.  The seven houses involved associations with four distinct Needs Assessment and Service Coordination (NASC) agencies. IDEA’s relationship with each varied, especially where the service made legitimate claims to review funding levels due to the changing needs of an individual, typically age-related health changes. For example, one report writer noted:  **Related Extract**  “*We also heard that it is sometimes difficult to maintain appropriate levels of funding for the people through the NASC assessment processes. Funding is sometimes allocated for only three months for the person and another application has to be made for more funding with supporting information including incident reports, dual diagnosis assessment, medication reviews etc. This is seen by the service to be unnecessarily onerous and not meeting the changing and ongoing support needs of the person.”* Mason Avenue  There were instances, however, that showed while some changes have occurred through needs assessment, it appears they may be insufficient to create changes in the staff roster.  **Related Extract**  “*A needs assessment has been completed through Taikura Trust and funding secured to meet the person’s increased support needs. We note, however, that the extra support hours are not reflected in the current staffing roster. We urge that these support hours are addressed promptly as it is over four weeks since this person moved into the home.”* Isabella Drive  **People choose where and with whom they live**  Having the right to live with other people compatibly and comfortably is fundamental in shifting the focus from a ‘service facility’ to a ‘home’. It provides a sense of control over one’s life and reiterates person-directed approaches. All seven of the homes involved in this review indicated that at the time of the evaluations the composition of the homes worked for the people who lived in each setting. They also noted that in some homes there had been important changes, including people passing away or moving to more intensive care facilities. The report writers noted that the services handled these events sensitively and, in some cases, vacancies had not been filled after several months.  **Related Extracts**  “*One person who had lived in the home for a number of years recently moved to xxxxxx and we heard that there was a time of adjustment for the people in the home who were involved in farewelling the person and making a gift of photo memories.”* xxxxx  *“The home has provided the men with a familiar environment for 15 years and as a result they demonstrate a sense of ownership and belonging.”* xxxx  One report writer noted issues with regard to how transitions are managed in at least one report and reminded the services to exercise consideration (in line with IDEA policy) in several reports.  **Related Extracts**  *“…recent moves of people in and out of the home have been unsettling. The Evaluation Team heard several concerns raised regarding communication and processes around this transition of people in and out of the home… Due to these previous experiences, we urge careful consideration in the transition of a new person into the home with a focus on communicating with all those involved (the people in the home, all family/whānau/advocates /guardians, support staff etc) and providing adequate staffing levels and support.”* xxxxx  All but one of the homes appear to be managed by IHC Properties and are in reasonable repair. However, there were some recommendations concerning specific maintenance issues within the specific homes.  Not all of the homes are barrier free (meaning they are not necessarily accessible for people with mobility needs). This is quite naturally dependent on the group of people living in a setting. More able people do not require completely barrier free homes.  **People choose their place of work/day service**  IDEA Services is currently restructuring its vocational services throughout New Zealand. Existing vocational day bases tend to run along traditional lines with staffing levels of up to one to seven. The advantage of the day bases is the ability to break into smaller groups and transport people to activities in the community, albeit in groups in most cases. The disadvantage is the reduced ability of vocational services to provide individualised options or even a choice with regard to where people want to be on week days. Many of the people in residential services are aging and many do not necessarily want to rise early to attend a day service every weekday. Others find it difficult to always be around other people.  Many of the people in the seven homes visited by the Evaluation Teams had day services arranged from their own home. This is an increasing trend in IDEA services and one that holds the promise of more individualised options for people. However, the Evaluation Teams have noted several issues at the current time (bearing in mind a revision in vocational services is underway). Notably at least one team were told there was a local ‘policy’[[1]](#footnote-1) not to leave any person alone at home (seemingly regardless of their ability) and poor staffing levels mean that being at home may be even more isolating than the old vocational services. Three problems where identified: (1) a single staff member on duty for more than one person means that either everyone goes out together or no-one goes out, (2) vehicles are shared between houses and not always available, staff also note that they cannot leave people to retrieve vehicles so some advanced planning is indicated, (3) people with limited mobility or significant behaviour issues may require more than one support worker to assist with getting out and about.  Vocational services worked well for individuals with one-to-one funding or for people who were able to move independently around their community. In both instances many of these people had part-time voluntary or paid employment, visited community-based services such as a gym or library and could move into or out of group-based activities arranged through day bases on the basis of choice.  **Related Extracts**  *“One person attends a day base programme in Papakura for part of the week. This person uses a wheelchair and the van which is assigned to the house is used to transport him to the day base as it has a hoist. The other four people have day programmes which are supported from the home. The home-based programmes we sighted appeared limited and there were few opportunities for individualised support and community activities as only one staff person is employed during this time. The activities we observed when visiting the home were watching TV and movies, spending time in own room, interacting with support staff, and mealtimes… A van needs to be booked from another home if activities are planned but this poses difficulty when there is only one staff person on in the weekday. At least three of the people have mobility support needs. We were told that when outings in the community do take place ‘people do not get out of the van’.”* xxxx  **People have friends**  Ironically many of the people have friends either in other IDEA homes or at the vocational day bases. Moves toward more home based options and away from congregate support is a positive development, but only if sufficient resources are in place in terms of staffing and transport to allow people to maintain contact with friends and to have opportunity to access places where friendships can be fostered such as church, marae, kapa haka, gym, People First, Special Olympics, sports groups and clubs.  **People have intimate relationships**  None of the people in the seven homes visited indicated having an intimate relationship with another person, although past relationships were noted in some reports. The following observations were also noted in the seven reports:   1. The rights of people to have consensual relationships is part of basic training accessed by everyone but specific stand-alone training in sexuality and relationships no longer occurs routinely, and 2. IDEA Services has a Relationships & Sexuality Policy for supporting people.   **People are satisfied with services**  In general, the families reported good communication with residential support workers and in most cases with Service Managers. There were some situations where there has been a turnover of Service Managers (especially as the service settles into the “turn and face the people” model and as the service works through recent industrial action by support workers) that has created some confusion about who to contact at management level. There has also been a turnover in support workers in some homes (up to 75 percent in some cases), and this has also created some confusion. In a couple of situations, the Evaluation Teams have suggested the service revisit with families to determine how much communication they desire and in what form.  The people living in each home tend to like their living environments and their support workers but are affected by staff turnover and staffing levels, especially with regard to having individualised experiences.    **Related Extracts**  “*The Evaluation Team noted that there appeared to be limited choices around individualised activities within the home and community. This situation is compounded by staffing levels, experience, and creative ideas for activities. We also heard that most community-based outings required the people to travel as a group rather than individually.*” xxxxx  Only one of the seven houses indicated they ran house meetings for the people in the home and these tended to be intermittent. There was an acknowledgement that house meetings are best run by people independent of the staff team and some services were looking into options. Likewise, the Evaluation Teams noted families have limited involvement in the service outside of their immediate concerns regarding their relative. The branch committees in many regions are faltering and families in general are isolated from the decision-making processes within the organisation. The Teams also noted that satisfaction surveys had not been conducted in some time. There were recommendations concerning house meetings, developing partnerships with families and methods of obtaining feedback.  **People are satisfied with their personal life situations**  In almost all of the seven reports indicated, the Evaluation Teams were satisfied that people were treated with consideration, respect and dignity by support workers. The main point of concern was the turnover of staff, team cohesion and the high use of relievers in some homes.  **Related Extracts**  *“The Evaluation Team gained the impression that the staff wanted to work in a more cohesive manner; however, there appeared to be barriers to this occurring. We were advised that the frequency of relieving staff, hesitation to explore the ‘what ifs’ and a desire to do things in a different way created barriers to the staff team working more cohesively.”* xxxxx  The two issues of stability or turnover within a team and their ability to work well together can compound difficulties for a service to work toward a shared vision in a consistent manner. Some Evaluation Teams suggested methods to assist with developing greater team cohesion, including reflective practice and making more use of IDEA EPiC (Expectations, People, Conversations) methods. Likewise, they suggested developing staff meetings to include more discussion and reflection on the support offered to each person; including progress on personal goals was also suggested.  Only a small number of people in these homes identified as Māori (six of 33 people) and all of the Evaluation Teams were satisfied the service was making some effort to be responsive to their cultural needs. In some cases, whānau took a lead role, especially with regard to contact with wider whānau and marae. IDEA Services has a strong network of kapa haka groups that featured in these Evaluation Reports. In one home at least, the report writer indicated karakia was observed before some meals but little other comment was made with regard to the number of Māori staff in support of Māori, or with regard to other cultural supports such as Te Reo, art and music, or participation in waiata, cultural festivals etc.  It also appears that the IDEA Services is careful to support people to attend church services and related events, typically on an individual by individual basis or with family support.  There were no concerns in any of the twelve reports relating to financial or money management. It was either the case that IDEA supported individuals to manage their own money or a family member/advocate/guardian took the bulk of the responsibility. IDEA Services has robust money management systems for individuals.   1. **Autonomy**     **People make decisions about their daily routine**  The Evaluation Reports indicated that people are encouraged to participate in the routines of the homes as much as they are able. People were involved in a variety of household duties typically based on their preferences and ability. However, most reports noted the staff tended to take responsibility for meal preparation with a few examples of a person in the home wanting to participate.  Meals are duly recorded in staff communication books and for the most part appeared balanced. IDEA Services has been successful in recent years in assisting some people to lose weight and maintain a healthy diet.  As noted previously, staffing levels, turnover and cohesion were three factors that dominated many reports as perhaps having the greatest impact on the quality of support provided. However, the service has made concerted efforts to provide certificated training for staff with many completing the level 2 qualification within the first year of employment and longer-term staff either also gaining the qualification or achieving equivalence. Many staff members report completing their level 3 and/or 4 certificates as well. Nationally IDEA indicates almost 70 percent of its staff had completed level 2 (Annual Report 2017-2018). The average across the seven homes visited was 85 percent (range 50-100%).  **People have time, opportunity and space for privacy**  All of the people in these homes have their own bedroom and have sufficient time and space for privacy. There was one case where a person was no longer able to have private use of a cell phone but the Team were unable to determine why this had occurred and have asked the service for a review of the situation.  One area that also concerned the Evaluation Teams in one district was the practice of having on-call managers based in a residential home, especially during weekends. This practice was seen as contrary to the privacy rights of individuals and the sense of ‘home’ or control of one’s own home.  **Related Extract**  *“*We heard that there is an initiative within the wider IDEA Services organisation to require Service Managers to be either based in the branch offices or in residential homes when they are ‘on call’ between the hours of 6.30 to 8.30 am and 5.30 to 10.30 pm (outside of branch office hours). The Evaluation Team was given a copy of ‘IDEA Services On Call Responsibilities’. The Evaluation Team raised the concern that this had the ‘potential’ to breach privacy of the people in their homes.  This has been discussed with the Area Manager and a further discussion with Helen Sinclair, National Manager Quality IHC on 8th August 2019.  The outcome of this discussion was ‘proposed wording’ and an ‘action plan’ based on the following email response from Helen Sinclair (21st August 2019):   * *We disagree that the matter raised should be stated as an issue related to breaching people’s privacy in their homes. We therefore don’t believe the finding should sit under the section “Rights”.* * *We believe the issue is one of needing to clarify clearly with service managers (primarily) and also support workers the requirements of the organisation in relation to on-call requirements and also the role of the service manager in homes.* * *Given the finding is stated as a “potential” risk, we don’t agree that it should be a specific finding and requirement. However, please be assured that however it is stated in your final report we remain committed to our suggested action plan to address the issue raised.”*   The following strong recommendation is the result of this discussion:  We strongly recommend engagement with Service Managers to clarify their understanding of requirements to be present in people’s homes during On Call:   * Provide written evidence of communication with service managers clarifying the organisation’s expectations of services managers during on-call hours and more broadly as part of their requirement to be present in people’s homes. * Communication will be provided by the Chief Operating Officer personally to every service manager in the organisation clarifying the organisation’s expectations of services managers during on-call hours and more broadly as part of their requirement to be present in people’s homes.   Additionally, the Regional Manager, Northern will hold a forum with the area manager and all service managers in the Counties Manukau area to allow every manager to express their views and work together to ensure a shared and common understanding going forward.  This meeting will be minuted and the outcomes documented.  **People decide when to share personal information**  All personal information is securely stored and staff were diligent in respecting each person’s privacy.    **Related Extracts**  *“We also heard that IDEA Services Tauranga is in the process of introducing a new Client Management System. This is called ‘My Support’ and the intention is that staff will be trained in its use in September and then it will go ‘live’. All the homes will have access to a tablet to record information. Levels of access will also be available for the people and their families.”* Several reports  **People live in integrated environments**  All of the homes involved in this review were in typical neighbourhoods and had access to local shopping centres and services. Most of the people enjoyed the rhythms of life similar to other people in the community but with reduced opportunities for individualised activities or even general involvement in the community.   1. **Affiliation**     **People participate in the life of the community and interact with members of the community**  The general view in all but one report was that people had access to the community only ‘sometimes’ (in a scale from ‘always’, ‘often’, ‘sometimes’, ‘occasionally’ and ‘never’). Again, people with one-to-one staffing or who were able to access the community independently were more likely to experience greater community participation.  In this section the teams reiterated issues with staffing levels and the use of vehicles as limited factors in assisting people to access and participate meaningfully in their communities of choice.  Some people were able at attend the following:   * Church * Special Olympics * Library * Gym * Shopping Malls, supermarkets, shops * Parks and beaches * Recreational centres * Bowls * Karate * Cossie Club.     There were a couple of situations where people had access to a volunteer who was able to do things with them, either at home or in the community, and most had access to their family/whānau who had varying ability to assist with increasing the person to participate in the community.  The report writers indicate that people have access to medical professionals and community services such as hair dressers, podiatry, physiotherapy and have linked with allied associations/services in the past, such as the Prader Willi Society and Behaviour Support Services**.**  **Related Extracts**  “*We heard that one man has a personal trainer that has been paid for by his family and regular gym sessions, but he has been unable to attend regularly because he requires support to get there. We also heard that attending doctors and specialists’ appointments is difficult to do on an individual basis because of the aforementioned reasons. The support staff told us that they book these appointments for the people at a time when they are rostered off but available to ensure 1:1 support. We heard that they are paid for this time.*” xxxxx  **People perform different social roles**  The people in these homes were involved in a number of socially valued activities and filled socially valued roles. These included such things as being a valued member of their own family/whānau, hapu and iwi, having work roles, being a volunteer, being supported to vote, participating in sporting events, having membership in a group such as a church congregation, gym, club or advocacy group and being a valued friend.   1. **Safeguards**     **People are connected to natural support networks**  The majority of reports indicated that families were welcome to visit the home whenever they chose and were comfortable in doing so. Some homes actively organised gatherings for families and friends (such as birthdays and Christmas), and attempted to support individuals to visit their family where family members were less able to visit them.  **Related Extracts**  *“The staff spoke of the many instances where the people have contact with family/whānau. We heard that regular events and celebrations take place in the home that involve family and friends. At the time of our visit, the Evaluation Team observed a birthday celebration for one of the people and heard that a party would be held on the weekend which families would attend. We also heard that people in the home regularly skype family members.*” xxxxxx  **People are safe**  Personal files in IDEA Services follows a clear format beginning with personal contact details and next of kin, alerts/risks (including allergies), behaviour support, informed consent, home agreements, personal plans, correspondence and incident reports. In most cases these documents were clear, up-to-date and sufficiently detailed.  Behaviour support plans were in place as required, or the service was actively seeking behaviour support where needed.  Medication procedures in IDEA Services are clear and medication files contain:   * photo * blister packed medications * doctor’s prescription sheets * medication reviews * medication alerts and allergies noted * staff signature register * PRN protocols and signing sheets * medication specific information (including side effects, interactions etc) * medication transport arrangement information * Health Passport.   A guideline which accompanies each folder states:   * Right person * Right medication * Right dose * Right route * Right time.   The Evaluation Teams indicated staff had training in medication competency and this was revisited annually. They also noted the service had induction and orientation training for all new staff that included a review of IDEA philosophy and vision, the rights of disabled people, roles and responsibilities, Te Whare Tapa Wha, Te Tiriti o Waitangi, health and safety, infection control, record keeping and reporting, emergency procedures, vehicle safety and crisis procedures. Some homes also provided behaviour support training or specific training in such areas as use of PEGs, MAPA (managing actual and potential aggression), safe eating, Autism and syndrome specific training.  The majority of staff had completed first aid training.  The teams also variously sighted:   * Hazard recording sheets * Incident reports * Fire drills * Fire safety checks by external providers * Emergency evacuation information * On-call phone numbers * Civil defence supplies.     One report provided a requirement concerning improving reporting processes, especially incident reporting.   1. **Rights**     IDEA Services have comprehensive policies and procedures that outline the philosophy and values of the organisation and individual rights.  **People exercise rights**  There are numerous publications and posters displayed around IDEA Branches and in homes which promote the *Code of Health and Disability Services Consumers’ Rights*. The *Home Understanding* further reiterates individual rights and families generally believed they could raise issues or concerns.  **People are respected and treated fairly**  As indicated in earlier sections, the Evaluation Team believe the people in these homes are treated with dignity and respect by support workers and managers. Exceptions were in situations where decisions were made without consultation, such as some situations where people were perceived to be moved between houses in a branch or in one situation where a woman had kitchen equipment and a phone removed from her flat to facilitate use of the main house. These situations can create a sense of powerlessness.  IDEA Services has comprehensive policies and procedures related to least restrictive alternatives and positive behaviour support.  At the time of writing this Midpoint review there appeared to be a distinction between restraint and restrictive practice protocols within IDEA documentation. This means that at the time of these evaluations locking gates and doors are considered a restraint where they inhibit the freedom of movement of a person(s) within a setting, but locking a cupboard or fridge is considered a restrictive practice. Typically, locked food cupboards, fridges and freezers are provided in situations where an individual(s) may harm themselves if ready access is provided. This can become an issue if access is also denied to people who do not present a risk to themselves if access was available. In most IDEA homes where locks restrict access to food items for some people, there are others who do not require this provision. In many of these cases the staff in the home will keep cupboards and fridges unlocked when they are present, to allow access to others in the home. IDEA policy is changing on the distinction between restraint and restrictive practices with regard locked food cupboards. Correspondence with the National Manager Quality, 17 December 2019 states:  In relation to locked fridges/cupboards that the National Advisory  Group has agreed to include Locked fridges etc in the restraint policy when the new database on MySupport is up and running (likely to be March 2020).   1. **Health and Wellness**     **People have the best possible health**  As indicated in previous sections, the Evaluation Reports indicated that people had access to their own doctors, dentists, and other health professionals (podiatry, psychiatric and behaviour support services, physiotherapy, dietitians, occupational therapy, specialist support etc). IDEA provides annual health reviews and these include medical screening processes where these are appropriate.    **People are free from abuse and neglect**  IDEA Services has abuse and neglect policies that are required to be read and acknowledged by all support workers. These policies include recognition of various types of abuse and neglect and the processes involved in reporting actual or suspected cases. There are also processes for handling disclosures. IDEA Services has a zero-tolerance policy with regard to abuse.    **People experience continuity and security**  Personal property inventories are completed for each person and, in most cases, these appeared to be up-to-date.  All homes appeared safe and, in most cases, security was not an issue (there was one recommendation concerning nocturnal wanderings).  There are clear distinctions between governance and management within IDEA Services. |
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**Progress on meeting Corrective Actions**

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| **Corrective Action 1:**  Not all aspects of medication management meet requirements in relation to accuracy of medication orders and records, expiry labelling of eye drops/ointments and documenting allergies/alerts or nil allergies known.  **Required Action:**  Ensure all aspects of the medication management system are implemented safely and meet requirements.  Criterion: 1.3.12.1 PA Low Due date: 2nd February 2019  **Progress:**  SAMS was not privy to the checking conducted by the DAA Group for the due date of 2nd February 2019. We base this review solely on the observations made in the homes reviewed.  **Evidence:**  The ‘Corrective Action’ relating to medication has been checked in all seven homes with the outcome being that the homes have met the verified standard.  Pharmaceuticals are handled safely, and policies and procedures are in place.  Allergies/alerts are clearly identified.  Each person has a medication folder which includes:  \* photo  \* blister packed medications  \* medication alerts and allergies noted  \* staff signature register  \* PRN protocols  \* side effects  \* medication transport arrangement information  \* Health Passport.  A guideline which accompanies each folder states:  \* Right person, right medication, right dose, right route, right time.  **Further Actions:**  Based on the observation of medication protocols, documentation and procedures in the seven homes visited, no further actions are required. |

**Outline of requirements and recommendations contained in the twelve service reports**

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| **Two requirements**:   * The staff team understands the importance of reporting and IDEA’s processes surrounding reporting incidents are reviewed at each staff meeting until such time as more balanced reporting and recordkeeping is evident. xxxxx * Home Understandings updated to include the residential subsidy portion of the service user’s WINZ benefit will be paid to the Provider, the amount that is left to be retained by the service user. xxxxx   **Recommendations** the 55 recommendations included the following trends:   * Stabilising staff teams and reducing turnover * Providing improved staffing ratios * Establishing a cohesive staff team * Improving partnership approaches and avenues for feedback with both families/whānau and the people living in the homes * Clarifying the location of on-call duty managers * Improving individualised rather than group-based options for people * Improving meaningful community access and participation * Reviewing vehicles access * There were some maintenance issues indicated in some homes. |

**Requirements and recommendations in the Summary Report**

No requirements

No recommendations

1. However subsequent correspondence with the National Manager Quality stated: we do not have a "policy" about not to leave any person alone at home. Individual decision are made on people's ability to be alone at home. [↑](#footnote-ref-1)