# Developmental Evaluation Report Summary – IDEA Southern Region

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

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| **Name of provider:** | IDEA Services (Southern) |
| **No of houses visited and location** | 6 |
| **Date visit/s completed:** | All house visits occurred between the 11th October and the 20th October 2016 |
| **Date report finalised:** | DRAFT emailed on 17th November 2016  Report finalised on 25th November 2016 |
| **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.

The two IDEA Overview Reports (ie Northern and Southern) vary slightly in

style. A variation in how the reports are presented does not represent a crucial difference in report content.

## General Overview:

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| Six services (houses) were the sample group, identified by the Ministry of Health, for this mid-point review of IDEA Southern region. There were 30 residents of these homes aged between 23 and 85 years. There were 13 women and 17 men.  All six reports were positive in their description of the support being provided for individuals, and acknowledging of the connection the service made with family and friends.  It is important to note that there were no “Corrective Actions” previously agreed between IDEA Southern and their Designated Audit Agency. Therefore, there are no “Corrective Actions” reviewed as part of this evaluation.  We believe it is important to note that in the previous ‘Summary Report, 2013’:   * there were “Corrective Actions” related to the implementation of a medication management system, and the safe and appropriate use of enablers, * there were requirements related to behaviour management and First Aid training and * there were recommendations that included “improved communication between the service and families/whānau featured strongly in the recommendations of several 2013 reports” and “staff training and personal planning/goals clarification recommendations appear in 30% of the reports’.   We are pleased to note that there are no “Corrective Actions”, Requirements or Recommendations related to these areas in any of the six reports associated with this “mid-point” process.  The evaluators wish to highlight the improvements noted in relation to the organisation’s “personal planning”. While there were strengths associated with the personal planning process in 2013, it was also noted that in 47% of situation “further development” was suggested. In 2016, none of the reports contained recommendations related to personal planning.  Note: we recognise that this summary has included substantially less homes than the 2013 summary ie six houses as compared with 17 houses in 2013. However, there is a strong indication that there has been progress related to the development of “personal plans”.  **Areas of Strength**   * 50% of the reports highlighted the stable and cohesive staff teams * 50% of the reports highlighted high quality documentation and/or positively framed record keeping * Two thirds of the reports highlighted good internal communication * Five out of six reports positively highlighted the building the service was operating in eg “comfortable”, “personalised” or “appropriate” * Five out of six reports positively highlighted personal planning as a strength   **Areas of Suggested Development** – as indicated by themes within the six identified reports   * Relationship and sexuality training for staff * Obtaining specialist dietician advice where required * Routine annual up-dating of “Home Understandings” |

## Quality of Life Domains

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| Identity:  People choose and realise personal goals Supporting people to identify and pursue personal goals has been a strength highlighted in recent evaluations. We acknowledge the variety of situations we encountered and that both regular “progress notes” and discussions at staff meetings provide real-time monitoring.  **Related Extracts**  *“Personal planning is of a high quality with clearly articulated goals that are representative of the real interests of each person. Goals are carefully reviewed at three monthly intervals and discussed at staff meetings. Note taking in this service is detailed, accurate and clear”.*  *“ .... personal plans are of a high standard with clearly articulated aspirations/dreams that are broken down into achievable goals. Progress notes are recorded in the staff meetings minutes, following discussion, and each goal is reviewed at three month intervals ...”.* People choose services Typically, it was reported the services had good working relationships with local NASCs. We saw good examples of information packs being available.  In the majority of situations residents had good relationships with each other and it was clear people were supported to choose the types of community goods and services they wished to access.  **Related Extract**  *“The people have a dedicated team of staff who work hard to ensure that the people are able to realise their goals given that they are supporting five people with diverse interests”.*  People choose where and with whom they live There were a couple of instances where people had lived together for some period of time. This was true even if it related to a different location. We acknowledge there are some limitations on choice in rural locations. We gathered the strong impression that while ‘choice’ was a concept and practice strongly supported, there were sometimes few options in some communities.  We note an example where there was a planned process that enabled people to get a real sense of making an informed choice. We support the efforts made to ensure individuals and families have a good understanding of options and implications before making a choice. People choose their place of work/day service There were a range of situations included within the six services. The situations ranged from older people who now had a focus on social activities and younger people who had paid employment. In all situations we noted a desire for people to base what they did during the day on personal strengths and preferences.  **Related Extracts**  *“Each person has a varied vocational programme that reflects their interests”.*  *“The Evaluation Team were impressed with both the team work and respect expressed toward the people being supported by staff when they visited the home. What was most noted was the manner in which the staff chatted to the people and included them even though they were busy trying to get everyone ready for an evening out. This perspective is supported in the records kept by the staff and in the general views of family members”.* People have friends Ensuring people had friendships often appeared a high priority. Again, although there was a diverse range of environments included in the evaluation, it appeared typical for people to be encouraged to form and maintain personal connections. We noted that people in one house were “well known in their community” and that technology was also being used in some instances eg Skype.  **Related Extracts**  “*The service actively attempts to keep the people connected with family and friends”.* People have intimate relationships Of the 30 individuals who were living in one of the six homes, we are only aware of one person actively involved in an intimate relationship. We also note that this person lived in a home where some of the support staff had attended specialist training in the area of relationships and sexuality. This it too small a sample to accurately draw any conclusions. However, we note three things:   1. The “rights of people to have consensual relationships is part of basic training” accessed by everyone, and 2. IDEA Services has a Relationships and Sexuality Policy (sighted) for supporting people 3. General high level training may be all that is required in some situations.   However, we note the very low number of people apparently in intimate relationships and suggest more staff have access to proactive in-depth training in this area. The organisation can then review whether there is a correlation between support staff knowledge, and people actively involved in intimate relationships. People are satisfied with services We note that in some situations people living in the homes are actively involved with People First. This, combined with examples of some homes having a “house meeting” facilitated by a non-staff person, indicate there are ways for people to express how they feel about services. Individuals and families expressed they valued the services and felt comfortable raising any concerns.  It was also clear in some situations people had increasing health needs related to aging. We were pleased to note the thoughtful way support staff approached this situation, and that life patterns and expectations had been altered.  **Related Extracts**  *“...people know their support staff very well and a genuine affection between the people and their staff was observed ...”.*  *“ ... there is considerable evidence the staff treat the people with both dignity and respect”.*  *“...three family members spoken to by the Evaluation Team all had high praise for the way their family members were being supported and assisted”.* People are satisfied with their personal life situations As mentioned, supports are tailored to individual need and preference and evaluators observed respectful interactions. Autonomy  People make decisions about their daily routine In all situations, 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 and decision making about meals.  In one instance, an Evaluation Team noted that the full compliment of staff were not currently employed. In this situation, reduced staff numbers may have resulted in a temporary reduction in flexibility and full participation. We understand this situation was being resolved immediately.  There were a couple of situations we encountered where we believe there would be value in obtaining input from a specialist regarding dietary needs. This was in relation to specific health conditions some individuals have and not as a general concern.  **Related Extracts**  *“Each person in the home participates in household duties to varying degrees depending on their ability”.* People have time, opportunity and space for privacy A theme throughout the reports was that the properties were described as “large” or “spacious” and that the design of houses facilitated independence and privacy.  **Related Extracts**  *“The layout of the home provides all the people with the opportunity to maximise their privacy and autonomy”.* People decide when to share personal information Personal information was held in a secure location (eg locked filing cabinet), detailed and we believe steps are taken with individuals and/or family to ensure the accuracy of information. We understand personal information is treated respectfully. People live in integrated environments The most common description of the involved houses, and their location, was that of a “typical” dwelling in a usual suburb. We note that one home is more rural – but, this is also reasonably ‘typical’ for that location.  **Related Extracts**  *“The five people lead full and active lives defined by their personal wishes and preferences for work, voluntary work, recreation and leisure. The people are supported to access everyday services such as hairdressers, pubs, clothes shops, supermarkets and video outlets depending on their needs, interests and tastes.*  *Reports clearly indicate people are making many choices about their daily routines ...”.* Affiliation  People participate in the life of the community and interact with members of the community As noted previously in this document, the living situations include a house with active younger people through to a situation where most individuals are older. In each circumstance, it appears staff take their lead from individuals and adapt expectations and support accordingly.  In some situations it is evident people have considerable involvement in a variety of diverse things. In other situations, there is a more introspective, contained and quieter approach. We believe this variety of situations is evidence of a person by person approach. The general stance is that people are supported to access the community and interact in ways that reflect individual’s preference, stage in life and ability. People perform different social roles We are aware that individuals are routinely involved in a variety of activities and events.  People are supported to have a variety of socially valued roles both within family structures and in the wider community. Some people have developed individual artistic enterprises, others employment ventures and other people are acknowledged as valued family members. As one report stated, “people have a variety of paid and unpaid roles in the community. As a result, they are all well-known and connected to their community”. Safeguards  People are connected to natural support networks There were several examples of where family and friends indicated they were valued and believed they could call in to the home at any time. This indicates the services actively encourage people to be connected to others  **Related Extracts**  *“Family members indicated they are welcome in the home”.*  *“All of the people in this home have links to either family members (typically siblings) or an advocate”.*  *“ ... people are well known by others in their community who look out for them and liaise with the service if they have any concerns....”.* People are safe Reports noted that files often contained detailed information on alerts and risks and some people had extensive support plans (if required).  A wide range of safety related protocols are in place and staff have access to a range of training opportunities that equip them with specific skills related to health and safety issues.  **Related Extracts**  *“....personal files provide all essential contact information and detailed information on alerts and risks”.*  *“ The skill and stability of the staff team in this home has assisted these men to recognise boundaries and make developmental improvements, both in behaviour and skills in independent living”.*  *“ ... staff have annual reviews of medication competency* ...”.  *“Hazards around the house have been identified and recorded. A robust incident reporting process is in place and regular fire drills are held and recorded”.*  *“Medications are dispensed from a local pharmacy who the service has an excellent relationship with. All tablets are blister packed and checked by staff when they are delivered to the home. The Service Manager has developed a system for checking medication and recording incorrect prescriptions and administrations in addition to a three-monthly internal audit programme. Sign in/sign out sheets have also been developed for the transportation of any medication. All medication administration is recorded and signed off by the staff. Descriptions of all medications and their side effects are contained within the people’s individual medication files”.* Rights   IDEA Services had comprehensive policies and procedures that outline the philosophy and values of the organisation, and individual rights. People exercise rights There were a number of practices noted by evaluators that indicate people are supported to exercise their rights. These practices included:   * Ensuring individuals and families have access to written material on “rights” * Some instances where people can access independent advocacy * The majority of families were aware of complaints processes, and suggested they would be happy to raise issues) * “Rights” are routinely discussed at house meetings  People are respected and treated fairly We note that IDEA Services has a clear understanding of the importance of the “least restrictive alternative’ and a non-aversive approach to behaviour support.  The reports, included in this summary, indicate staff routinely use respectful and non-judgemental language.   We also note more than one example of where a form of ‘advocacy’ exists. For example, one report stated “One man acts as an advocate for his flatmates and chairs a monthly meeting for flatmates. Any concerns are put in writing and directed to management. A letter from the people to management was sighted along with a timely and appropriate response to the people’s concerns. Many of the people have family and friends who assist them with advocacy when required”. Health and Wellness  People have the best possible health We note themes of approaches/practices that indicate people are supported to remain in good health. These include:   * People having annual health checks * Staff completing infection control training (Level two) at their orientation * People having their own personal General Practitioner * Stable staffing was noted in several situations ie. building the personal knowledge that enables the monitoring of subtle changes   **Related Extracts**  *“ ... staff know the people very well and are able to detect changes in their health and seek appropriate intervention without delay ...”.*  *“General and annual health checks are conducted for each person, including health screening appointments. Each person also has regular access to allied health professionals such as optometrists, podiatrists, and physical therapists”.* People are free from abuse and neglect There is a wide range of protocols staff are required to understand. For example, staff are required to understand agency abuse and neglect policies at their induction and there are comprehensive policies related to the involvement of staff with personal finances.  No individuals or family members expressed concerns at the time of our service evaluations.  **Related Extracts**  *“ All staff are trained in IDEA abuse and neglect policies and procedures during induction training and in separate in-service events. All staff note that they have read and understood these policies and procedures.”* People experience continuity and security We note that personal property inventories have been completed, staff have completed first aid training and that other security practices are undertaken as needed eg in some instances there is always a staff person present when people are in the home, or locks are fitted to windows.  We note there were examples of where there has been a stable group of staffing in a home. We emphasise that many disabled people and family members highly value the situation where they can, over time, build trusting relationships with support staff.  **Related Extracts**  *“ ... staff receive regular training in first aid and non-violent crisis intervention techniques...”.* |

## Progress on Meeting Corrective Actions

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| **Not applicable** ie There were no “Corrective Actions” associated with this process. |

## Outline of Requirements and Recommendations Contained in the Six Service Reports

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| **A Requirement** was made related to:     * employing additional staff, in one of the homes, to ensure the support needs of all people in the home can be met.   **Recommendations** made in the six service (house) reports included:   * staff being provided with some up-to-date sexuality and intimacy training, * home understandings for each person need to be completed annually, * seeking advice from a dietician. |

## Requirements and Recommendations in the Summary Report

**No Requirements**

**No Recommendations**