Developmental Evaluation Report Summary

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

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| **Name of provider:** | Independence House Connelly Trust |
| **Number of locations visited by region** | One (Southern Region) |
| **Date visit/s completed:** | 21-22/06/17 |
| **Name of Developmental Evaluation Agency:** | Enhancing Quality Services |

## General Overview

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| The service developed as a parent led organisation, initially under the Crippled Children Society CCS. The name was changed to the Independence House Connelly Trust in 1989. The Trust runs the operational arm of the service while another trust the Bristol Trust, owns and manages the properties used by the service. The service’s Mission Statement updated in September 2015, focuses on supporting people with an intellectual disability, with the primary function ‘providing accommodation services’ as well up-skilling people and supporting their independence.  The service was previously evaluated in 2015, since then the service has undergone a series of changes. The trust has exited its Supported Independent Living service contract. The hostel on the main site has been closed and no longer used for residential purposes. A series of smaller homes and flats on the periphery of the site are used instead. In addition the manager at the time left and a series of temporary measures are being used to maintain the service prior to a new manager being appointed. This has affected internal management systems, planning and general reporting to the board.  All people lead busy lives with the focus on skill development and community engagement. As remarked by staff and families those moving to the flats have grown in their level of independence. When the closure of the hostel was first mooted families were apprehensive, only accepting the move following extensive consultation and meeting their concerns for safety. Following the move, families are positive about the outcome.  Nine service users and five families were interviewed all were satisfied with the service. People are engaged in a variety of day activities, formal day programmes, work, volunteering. People are encouraged to use public transport and the service has a van which can also be used. People have friends both within and outside the service and attend a number of social events, including discos and films as well as members of clubs  Over a short period of time the Trust has gone through a lot of change, as well as the delivery of services there have been staffing changes which affected the stability of the organisation. The board put in place a series of measures to maintain the service during this time. This included board members filling the manager’s role on temporary bases. With all the changes some of the controls usually maintained by the board, and the quality of reporting had diminished. The board is in the process of recruiting new trustees while at the same time establishing plans and forecasts for the future running of the service.  The service was Certified for three years under the Health and Disability Sector Standards. At the time nine requirements were made. At the midpoint of a provider Certificate the Ministry of Health reviews how the service is meeting those requirements. In addition a separate evaluation is conducted reviewing a series of quality domains based on the provider contract.  Following the recent visit, eight requirements were made where there were gaps in service delivery and five recommendations aimed at service improvement. |

## 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 philosophy of the service is supporting people lead a normal life, with the primary function ‘providing accommodation services’ as well up-skilling people and supporting their independence. Since moves to the smaller homes, from a hostel accommodating seven people, they are more independent and exercise greater choices and control over their lives. Families are encouraged to be involved in all aspects of their family member’s life as much as they wish. With some service users aging some of the family links are not as strong as they were.  People are active in the community, Goals are interesting and include saving for holidays, joining in outdoor programmes, going to the rugby volunteering, getting their car license. With the exception of one man who is described as retired all participate in external activities during the day.  All are able to set their goals some with family assistance. Activities that contribute to goal attainment are recorded in personal diaries however there is no formal evaluation of the goals. Those interviewed felt confident if they had an issue they could raise it with the service. The service has received few complaints however improvements in the process were identified. Although people are asked their opinions and views informed consent was not managed in a consistent manner.  Families and service users interviewed are satisfied with the service.  **Autonomy**  In the past there have been a number of changes to staff with high turnover that has stabilised this year. In the absence of a manager, since November some of the formal systems have not been used or not used consistently. Living in smaller homes, compared to living in the hostel, people appeared relaxed and more engaged with each other. As flat mates they take responsibility for shopping cooking and cleaning their home.  Each flat has weekly service user meetings, in addition meetings are held across the service facilitated externally. Board members are invited to meetings. There is also good communication with families.  The location of the homes allows good access to the community, close to shops, cafes. Although the service has a van people are encouraged to catch public transport.  The flats and the small homes are adjacent to one another on the periphery of the site with separate access from the main road. Each home there is a combined kitchen come dining and sitting room, each person has their own bedroom which they are able to personalise. The Trust is in the process of renovating a further four bed home which will be able to accommodate people who have both a physical and an intellectual disability.  **Affiliation**  Family are supported to remain engaged with their family member, by, attending LSP meetings invitations to social events, telephoning emails and generally encouraged to drop into the homes. People have friendships outside the service, some are members of local clubs and a friendship service which runs discos and film nights where people are able to meet with friends that do not live in the service. The service has engaged volunteers to assist people to in activities and hobbies.  **Safeguards**  As well as family the service has links with external bodies, information is available on patient rights and the HDC advocate visits the home. Service user meetings are externally facilitated and board members are invited to the meetings. Family members are represented on the board. Staff are knowledgeable of people’s support needs and people were positive toward their support staff.  With staff changes and the manager leaving the service the board was proactive in putting in place a series of measures to maintain the service, including, external support for staff and board members taking an active part in the running of the service. A core of experienced staff provide consistent support however regular meetings and reviews either did not take place or were conducted at intervals outside normal time frames.  Over time the service has invested a great deal in training including supporting all staff to engage in certificated Career force training. Records and training registers however have not been maintained, staff files are comprehensive but there are gaps in areas involving staff employment. Records show that staff have undertaken an induction and recently received a staff appraisal.  The service manages health and safety at a local level and any incidents are recorded and discussed at staff meetings, some of the incident forms were incomplete and missed important information. There are elements of quality and risk programmes across the service and risks are recorded around individuals and monthly auditing of areas of service include; Health and Safety, Infection Control and General environmental risks. Trends and analysis is not conducted in a methodical way.  There are links with the Ministry of Health contracted behaviour service and a plan is being developed by the team for one of the service users. A Clinical Psychologist has been contracted to provide further clinical input, support the staff and provide training.  The service has systems to manage people’s medication which follow good practice. Most medication is blister packaged with the exception of some lotions and creams. One woman is more independent and although administered by staff she signs for her medication, with the aim of making her more independent.  .  **Rights**  Easy read copies of the Code of Rights are in the home, Records are not kept as to whether or not families are sent a copy of the Code, and families were not sure. The organisation’s complaint policy does not refer to the Health and Disability Commissioner advocate, The policy does not include timeframes to respond to complaints. However, both families and service users felt comfortable raising any concerns.  **Health and Wellness**  All have their own GP and able to access a wide range of community services. Families are informed/involved in any health issues affecting their family member  There is a clear policy on what constitutes abuse and staff responsibility to report abuse. Staff are aware of the policy and inducted in the policy when first joining the organisation. The service does not have a framework to review and approve restraint and staff are not trained in alternatives, although an incident form recorded the use of restraint.  The board has a range of skills and a family member of one of the people using the service sits on the board. Systems are in place to manage finances and assets. Without a functioning manager the board did not have the information to give them a complete view of the service. Two new trustees have recently been appointed to the board. The service has a business and quality plan covering aspects of service delivery. Forums are provided whereby families are invited to meetings with the board. Families expressed confidence particularly toward the Chairperson of the board. Summary of the Strengths of this Service:  * Management of change and move from the hostel * Positive views of users of the service, families and other agencies. * Interesting goals * Range of activities people are involved in and community engagement  Summary of Significant Findings:  * Gaps in systems * A lack of the monitoring of goals * The management of informed consent   . |

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

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| 1. Systems to monitor goals were not consistently applied. 2. Management of informed consent 3. Development of a staff training calendar. 4. Consistent recruitment procedures 5. Management of quality and risk systems 6. Restraint management. |

## Recommendations

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| 1. Review of Health and Safety reporting. 2. Updating of personal inventory lists. 3. Review of complaint processes 4. The future need for all staff, volunteers and board members to undergo police checks 5. Testing assumptions behind plans and forecasts |

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)