# Developmental Evaluation Report Summary

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

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| **Name of provider:** | Langafonua Community Centre |
| **Number of locations visited by region** | 1 |
| **Date visit/s completed:** | 22nd March 2018 |
| **Name of Developmental Evaluation Agency:** | Standards and Monitoring Services |

## General Overview

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| This is a small Tongan service with one woman supported by a group of staff who have (on the whole) known this person for some time.  Family members are very happy with the service and the level of support provided.  The service has encouraged two staff members to pursue the National Certificate in Community Health to level two (one person completed this training late last year). The service also has the expertise of a retired doctor who has provided in-service training on a variety of topics. Some further training in epilepsy and personal planning is suggested in this report.  Because this is a small service, the breadth of paperwork typically expected is developing at a slow but steady pace with assistance from the local area Needs Assessment and Service Coordination agency (NASC) and another local provider. Most essential documents are now in place and the service is systematically working through all other policies and procedures and needed paperwork. Creating a home agreement, restraint minimisation plan and developing some policies and procedures that are reflective of this residential service (and not all Langafonua service branches) would be useful if plans to increase the number of people in this home are to be realised. These details are listed as one requirement at the end of this report.  Having a single person in this home with full time support (when she is at home) creates some specific issues for the service in terms of financial viability. Currently, the home employs staff for all awake hours but two people are providing sleepover support on a voluntary basis. This arrangement while solving the potential financial dilemma of providing support for this person is actually in breach of the residential contract. Having a second person in the home may be the best method of providing the support needed in this home with fully paid staff members. However, there is a requirement now to have all sleepover staff paid according to the residential service contract. |

## 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**  Documentation for this person is provided in a large folder and various recording booklets in the home. The large folder contains a variety of documents including the needs assessment (current and past), care plan and personal plan  The evaluation report provided some guidance on improving personal planning. For example, “It is best to have a small number of personal planning goals (no more than three) that can be explored in detail over a period of time rather than having many. Providing formal records of how these goals are broken down into achievable or easy steps and what progress was made would be useful while continuing to discuss progress or possibilities during staff meetings.  Providing plans that are accessible to family members and the person concerned (such as providing a plan and progress notes written in Tongan – with English translations) would make the plan more meaningful to all concerned (family and staff). It may also be useful to have some staff train in personal planning to assist with this process”.  The home is rented from Housing NZ and there are plans within the next three years or so to demolish and rebuild multiple homes on the site. It is unclear how the residential service will then be accommodated but the current property is equipped with sprinklers, smoke detectors, ramps, accessible doorways and an accessible bathroom for the current occupant.  The home is comfortably furnished and well heated. There are some ongoing maintenance issues, such as a bathroom door that is sticking, that are recorded and are being pursued by Housing NZ.  There was no home agreement visible in the personal file.  There are clear lines of communication between the family and the service. This is a Tongan service and as such most staff members are able to communicate with the family in Tongan.  There also appear to be positive lines of communication between the staff in the home and the managers.  There is no direct involvement by the person or her immediate family members in the running of the residential service.  This is a Tongan service with close links with the Tongan community. The service reports they are able to link in with events within the Tongan community. Most staff speak or understand Tongan and it appears this person is responsive to both Tongan and English  **AUTONOMY**  Currently the service provides a full roster to cover all the hours the person is at home. However, the overnight shifts have until now been filled with a volunteer staying overnight. This arrangement assists the service to keep costs down and provides essentially room and board for one person. However, the contract between the Ministry of Health and the service includes the provision for paid sleepover staff. It is advised the service now meet their contract obligation in this matter. The service may wish to seek to fill the residential vacancy in the second room in order to assist with costs. A second person may also be beneficial to the current resident and would further assist with staff development and training as a second person brings with them their own unique needs and aspirations.  The service has been attempting to respond to requests to have all staff trained to at least level 2. By the close of 2017 one person had completed the Certificate in Community Health to level 2 and another is in process.  In-service training events occur approximately twice every three months. These are typically conducted by a retired doctor who has provided training in recognising abuse and neglect, complaints procedures, respiratory system, Māori Disability Health Plan, employment rights, *Faiva Ora* (Pasifika version of *Whanau Ora*), health emergency, infection control, health and safety, epilepsy and the emergency plan.  The Evaluation Team suggests further training in epilepsy (possibly with the Epilepsy Association) and personal planning.  The home has three bedrooms (including the staff sleepover room), a lounge/dining area, kitchen and accessible bathroom. There is also a deck area off the dining room and large yard area. There is sufficient space for private visits from family members if it is needed  Personal documents and records are currently kept unsecured in the kitchen area. Providing a locked cupboard for all personal records (particularly file records) and medications is important for security and privacy.  The individual’s personal file contains all essential information (although it is not very systematically laid out). Daily diary entries are made in a note book and reference is made to any incident reports etc.  Staff meeting minutes are relatively detailed although it would be useful to include space for staff who were absent from the meeting to sign that they have read and understood the content of the minutes.  **AFFILIATION**  This section of the main report contains information regarding the person living in the home and is therefore confidential.  **SAFEGUARDS**  Medications are prescribed as per the general population but no prescription sheet is provided. The service is advised to refer to other providers as per the prescription sheets they use for medication files. It would also be important to keep a drug information sheet for each medication being prescribed alongside the prescription sheet. All PRN medications (including over the counter medications) need to be included on the prescription sheet. Currently, medications are signed for in the appropriate manner in a medication signing book. Providing sample staff signatures at the front of the book (or the back) is important for identification of staff (ie, their signed initials) and to indicate that staff who are issuing medications have completed medication competency training (annually).  It appears that all the staff completed medication training in 2017 and all have current first aid certificates. It is noted that some first aid certificates will soon be due for renewal.  The home is equipped with a pop down sprinkler system and built-in smoke detectors. These systems and other fire safety equipment are checked monthly by an external provider. Fire evacuation protocols are reviewed every four months with all staff. Physical evacuations are not practised due to the support needs of this individual (it would be too stressful and potentially harmful).  There are monthly staff meetings that provide opportunity to discuss incidents, hazards, infection control and safety issues. There is ongoing concern regarding lifting and transfers.  Incident reporting was provided on individual sheets used specifically for this purpose. These sheets contained all of the necessary sections and follow-up procedures. The only element missing was a scale for minor, serious, very serious and critical (sentinel) incidents. However, the service moved to using a book for incidents that seriously abbreviated the details that were provided in the fuller version. We suggest they move back to the sheets and use the book as a register for incidents (like a running record).  **RIGHTS**  The service had copies of the Code of Health and Disability Services Consumers’ Rights and refers to the United Nations Convention on the Rights of Persons with Disabilities in documentation. The service also has policies and procedures relating to making a complaint and family members understand how to make a complaint if one is necessary.  The service has adopted the ‘positive behaviour support for the disability sector’ guidelines for its policy and procedure; this includes non-aversive and least restrictive approaches.  **HEALTH AND WELLNESS**  The service appears to follow necessary infection control processes and had a recent training review in March 2018. Some further development of infection control policies and procedures could outline safe food handling methods, safe laundry and cleaning processes, hand washing, and protocols for sickness or infectious diseases.  The service has an abuse and neglect policy that serves as policy for all services supported by the service. The policy is sufficient for the residential service but lacks definitions for the various types of potential abuse (for example, personal, financial, sexual etc). The staff team has training in recognition of abuse and neglect and annual reporting processes.  The home is secure and provides a safe environment for the person being supported in this setting.  A personal property inventory was sighted in the personal documentation. |

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

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| 1. The service provides payment for sleepover staff or provides a paid sleepover position as per their service contract with the Ministry of Health. 2. The service provides a secure cupboard for personal files and medications. 3. The service provides necessary documentation regarding medications including:  * doctor’s prescription sheet * drug information sheets (from pharmacy) * sample staff signatures.  1. The service reviews the health and safety requirements and risks regarding transfers and implements a plan that will be successful for all concerned. 2. Some documentation could usefully be put in place or developed further. For example:  * Home Agreement * Infection control specific to the residential service * Definitions of abuse and neglect * Restraint and Enablers policy and procedures * Authorisation of enablers * Privacy with regard to the storage of sensitive material |

Recommendations

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| 1. The service reviews and redevelops personal plans by keeping care plan and personal plan goals in separate places, clarifying main goals with clear steps towards exploring or achieving each goal, integrating goals such as improved community participation and exploring personal interests, and providing a clear process to record progress and provide timed reviews. 2. The service considers providing training with the Epilepsy Association that is specific to the person being supported and considers training in personal planning. 3. The service moves back to using the incident reporting forms (with suggested modifications) and uses the incident reporting book as a register for incidents. |

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)