# Developmental Evaluation Report Summary

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

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| **Name of provider:** | Settlers Care Trust |
| **Number of locations visited by region** | 1 |
| **Date visit/s completed:** | 6 September 2017 |
| **Name of Developmental Evaluation Agency:** | Standards and Monitoring Services |

## General Overview

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| This service was established by family members in 1992 and continues to be closely supported by family and a number of volunteers and friends of the service. The Board of Trustees is dominated by current or past family members and there is an expectation that family members will serve on the Board.  The five women who currently live in the home know each other and tend to get on well together most of the time. The newest person arrived before Christmas 2016 and two of the people have been living in the home since it opened. One of the women was experiencing significant health issues when the Evaluation Team reviewed this service and was being provided with staff support 24/7 whilst in hospital.  The women each have vocational programmes tailored to their individual interests. These range from a few hours voluntary work each week, participation in art-based vocational services, links with community groups such as the Salvation Army, and time spent at home with staff or volunteers. Likewise, lifestyle plans are tailored to each person and progress on individual goals are reviewed by the entire staff team.  Each woman is involved to varying degrees in the running of her home, in areas such as menu choices, meal preparation and household chores. If at home at the time, each person is able to participate in monthly staff training events and when this occurs receives a certificate of participation along with each staff member.  The staff team is stable and cohesive (appear to work well together). Volunteers are welcomed to the home and are treated with the same respect apparent in all relationships in the home. The home was very busy when the Team visited and we observed family members, staff and volunteers freely interacting with each woman (and each other) in a relaxed and comfortable manner. The women in this home understand their rights and are able to make a complaint should an issue arise.  There is an emphasis on training and team building in this home with very full monthly staff meetings that are preceded by a one-hour training event. The curriculum for these training events is posted annually and most are run by *Links Training*. Each staff member is also encouraged to complete the New Zealand Certificate to at least level 3. Some of the staff brought equivalent training with them from experience in previous work places.  This report seconds as a midpoint review for the service certification completed by HealthCERT in May 2016. There were no corrective actions from that audit report. There are, likewise, no requirements generated from this developmental evaluation.  *We spoke with five family members and all five of the women who live in this home. All of these people were very satisfied with the service, staff and the manager.* |

## 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**  Each woman had a detailed lifestyle plan that included goals that were relevant to the individual and her interests. Each goal was supported through a key person (staff member) and review/progress notes were completed monthly. Progress on lifestyle planning goals were also discussed at monthly staff meetings for each person. Lifestyle planning goals included the development of hobbies such as art, knitting, scrapbooking and sewing and how to stay in contact with family and friends. Goals also included vocational ambitions for some people, such as finding work and keeping healthy through exercise and diet.  There is every indication that the people in this home get on well together although there are occasions when minor conflicts can occur (which is not out of the ordinary). The service has a person-centred approach with a clear view that the staff are there to support the people within their own home. This approach reminds the staff, families and volunteers that they are visitors in the home and the home is a home, not a ‘facility’.  Each woman has her own bedroom that is decorated to her taste and the home, in general, is comfortable and reflective of the people who live there. Some signage (notice board) is visible in the dining area of the home but is not obtrusive or overly clinical. The house is located on a typical suburban street close to downtown.  The service has endeavoured to provide vocational options for the people that reflect individual interests. This includes time at home for one-to-one time with key workers or volunteers, the use of a vocational centre, voluntary work (for four people), time with community groups. The service has attempted to vary attendance times to prevent the people all going together.  It was noted in the lifestyle planning goals and other records that the service works diligently to keep the people connected with friends and provides varying activities so that new friendship connections can be formed. Many of the goals focus on visiting friends and the people have had friends to dinner, celebrations and overnight on a regular basis. Most of the people are involved in a variety of activities where they can also connect with friends.  There is a general high level of satisfaction with this service with ongoing support from families through the Board of Trustees and support for their respective relative. Key workers and the manager work hard to keep the families informed and the service runs events and celebrations that include both family members and volunteers. The number of volunteers associated with this service is high for a single residential home.  One person identifies as Māori/Pakeha and is supported in her cultural choices, both at home and in her vocational activities. Two of the people are supported to attend their own church and one person is supported by her family to continue to attend a church-run gathering once a fortnight. The Treaty of Waitangi is on this year’s training schedule and staff training in cultural awareness and spirituality were on the 2016 agenda. Both the staff and the people living in this home are welcome to attend these training events.  The women have a house meeting once a month that is facilitated by a volunteer and minutes are kept. Issues raised in these meetings are discussed at the staff meetings and an action plan provided where necessary. The manager also has a meeting with the people in the home to discuss household issues and formulate a menu.  **AUTONOMY**  With the emphasis on staff being there to provide support, each woman has a roster of chores that is posted on the inside of the pantry door. Some time is set aside each week for each person to be assisted to complete some chores.  Each woman is scheduled to assist with meals twice a fortnight, on average. On their scheduled cooking day, each person will decide what to cook that evening, based on the menu plan (eg, chicken, beef, vegetarian etc). Each person, in turn, is able to participate in grocery shopping.  Some of the staff in this home have been working in the role for over ten years and have completed a variety of training events. Many staff have enrolled for or have completed the National Certificate to level 3.    **AFFILIATION**  The women in this home participate in a variety of activities both with other disabled groups and in integrated settings. This is achieved through outings, vocational services, assistance from volunteers, family involvement, attendance at community groups and churches, work options and utilising community-based services. The women have busy lives and are very satisfied with the level of involvement they have with their community.  The service understands the concept of assisting people to have as many socially valued roles as possible. This includes being a valued member of their own families/whānau, having membership to churches and clubs, taking on roles such as being an artist, participating in sport and, for some, being a valued member of the work force in their voluntary roles. The people in this home also have valued roles as legitimate tenants in this home through participation in decision making and taking responsibility for the day-to-day duties in the home.  **SAFEGUARDS**  Families are central to this service. They are expected to participate in the Board of Trustees and be involved in their relative’s life. The service actively assists the people to keep in contact with family members who live elsewhere through social media, card writing, letters and telephone contact. The service welcomes visiting family members and the families report being comfortable visiting the home. The families are kept well informed, understand how to make a complaint if one is needed, and are invited to the many celebrations held by the women at the home.  The service has detailed personal files for each person that include essential contact information in the opening pages and a list of alerts/risks that the staff need to be aware of when working with each person. The files are well constructed and provide clearly articulated care and lifestyle plans.  Medications are securely stored and sign-off sheets appropriately completed. The service has a daily checking system on medication sign-off to double check procedures have been followed. Each staff member must complete medication competency annually. Medication reviews are conducted at regular intervals.  There are a sufficient number of staff to meet the needs of the women in this house as a general rule. One person has had recent significant health issues and the service has continued to support her in hospital 24/7 without additional funding being available. The staff in this home are dedicated, experienced and work well as a team.  The service has a building warrant of fitness that has just been renewed. The home has an alarm system connected to the local fire station. The service conducts monthly fire drills and separate monthly earthquake drills. These drills are recorded in the staff communication book and discussed at staff meetings. More comprehensive drills are conducted every six months with assistance of the fire service.  The service has emergency planning in place and civil defence supplies/equipment.  Incident reports are completed as necessary. There are no worrying trends in these reports and each report is followed through with the manager and discussed at staff meetings.  There is a standing agenda item in staff meetings concerning hazards, health and safety, and infection control. All staff members complete infection control training annually.  All staff have a current first aid certificate.  The home is warm and well maintained  **RIGHTS**  A Code of Health and Disability Services Consumers’ Rights poster was evident in the home and the people are able to discuss rights at the monthly resident’s meeting. The people in this home are not involved in any self-advocacy organisations but advocacy is readily available if needed/desired. Each person in this home knows how to make a complaint and they are comfortable having private ‘chats’ with the manager if anything concerns them. The service keeps a complaints register and provides appropriate procedures.  The service understands the concept of ‘least restrictive alternatives’ and positive behaviour support. In-service training in challenging behaviours and restraints was provided in March this year. There are no restraints or enablers used in this home  **HEALTH AND WELLNESS**  Each person has an annual health check and regular appointments with medical professionals (including dentists, podiatrists, eye specialists etc). Screening examinations are conducted at regular intervals.  The service has appropriate infection control processes and policies, and refresher training is conducted with a registered nurse annually.  The service is in the process of reviewing its abuse and neglect policy. This includes a specification for zero tolerance and relevant definitions. The staff had training in abuse and neglect in January this year and are scheduled for ‘dealing with disclosures of abuse’ in November. The abuse and neglect policy is highlighted with staff during orientation and reviewed at regular intervals. |

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

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| There are no requirements associated with this report |

## Recommendations

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| There are no recommendations associated with this report. |

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)