# Developmental Evaluation Report Summary

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

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| **Name of provider:** | Te Toi Huarewa Trust |
| **Number of locations visited by region** | 1 |
| **Date visit/s completed:** | 10th April 2018 |
| **Name of Developmental Evaluation Agency:** | Standards and Monitoring Services |

## General Overview

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| This residential service was established following the closure of Tokanui Hospital in 1998. The home is registered for xxxx people but one of the original residents passed away in 2015. The service has been attempting to fill the xxxxx bed and has maintained certification in order for this to occur. The service is Kaupapa Māori and been on the present rural site for many years. The house is surrounded by the homes of Trustees and staff members. It is the only residence in this service.  The manager of the service and several of the staff team are family members, some of whom are also on the Trust Board. The staff team is stable and has a good ratio of men and women. The recent around the clock support provided to an individual who required hospitalisation is testament to the positive attitude and depth of caring evident in this team.  As a Kaupapa Māori service, the cultural and spiritual components of each person’s life are well supported. The service reports good acceptance by the local marae and xxxxx of the xxxx people are connected with their own marae which are nearby. The xxxxxx person is Pakeha but has advocacy and whānau support through a local whānau.  Documentation and other records are very good and the staff will soon be completing in-service training on providing clear and detailed records.  The 2015 SAMS report indicated requirements concerning personal planning and finding methods to increase individualised approaches for the people, especially in community settings. The service has made a concerted effort to improve the content of personal plans and has assigned drivers to access events in the wider community two days a week (Tuesday and Saturday). The lack of licenced drivers in the service has limited other opportunities to get out into the local and general community. The service has built in time for individualised activities but these tend to fall on days when drivers are not available. However, the staff report they can go their separate ways when they do get into town or to other locations. The report will continue to focus on the degree of community involvement and individualised options for the people when they are out in the wider community.  The 2015 SAMS report also suggested the service completes basic or foundation skills training with front line staff. Most of the staff in this service have worked in the setting for some time and some have level 2 equivalency due to their tenure. The service reports that efforts were made for foundation skills training but these had not progressed. Records do indicate they have made efforts to access external training through recognised providers (particularly for in-services). Also, the service has provided some in-service training that covers many of the components of foundation skills training. However, in-service training does not provide adequate evidence of competency in some areas and does not provide staff with a qualification.  Other requirements for the 2015 SAMS report were addressed although the service reports negotiations to provide handrails in the bathrooms have stalled with the occupational therapist not following through. There are still no handrails in the bathrooms and this needs to be addressed as soon as possible.  *We spoke with the whānau or advocate of three of the people who live in this home. All were very satisfied with the service and the level of communication they had with staff and managers.* |

## 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**  Personal plans are very detailed and provide ten areas from which short and long terms goals are generated. These areas relate to: (1) client safety, (2) physical health, (3) personal interest, (4) personal hygiene, (5) whakapapa, (6) whānau, (7) personal pleasure/therapeutics, (8) participation in household, (9) participation in community activities and (10) personal pleasure/community readiness. In reading the plans, it is clear that many goals are developmental and health related but many also contain ideas about how to increase community participation or how to respond to things the individual likes to do. It appears when reading the plans that the whānau, managers and staff have brainstormed ideas such as going shopping, swimming, visiting marae, mahi kai ventures, garage sales, visiting whānau etc and there is some evidence in the progress reports that some of these things are attempted, some regularly (for example, keeping in contact with whānau).  The Evaluation Team were impressed with the degree of brainstorming that has occurred and feel that the next step would be to simplify the plans so staff and keyworkers can focus on some key goals that are unique for each person. For example, if the plan is to assist the people to participate in personal shopping with staff on a one-to-one basis then a plan to do this would include the frequency (ie, weekly or fortnighty) and who is responsible for seeing this happens.  There were a number of goals in the personal plans such as client safety, physical health and hygiene that would be better suited to the support plans. Support plans are provided and outline strategies to assist the people where this is needed in their daily activities (such as personal grooming, eating etc). Support plans can also provide developmental and health/hygiene goals that are aimed towards greater independence, hygiene and safety in some areas of life.  Each person has a key worker who knows them very well and who is able to talk at length about their needs and interests. These people are responsible for personal planning goals and the monthly progress reports. Many of the goals in these plans are ongoing and therefore ‘achievement’ is difficult to discern. The efforts to improve community participation and partake in activities each individual clearly enjoys are integral to assessing achievement for many of the goals and these are limited due to transport.  The service has a vision statement that reflects how the service wants to support individuals in the residential service. It states: Matemateaone ki nga uri whakaheke which is closely related to the aspiration, whaia te Matemateone – “through matemateaone, reaffirming and fuelling the champion spirit of our people”. The service reports greater acceptance by the local marae of the people in this service and there was sense that the people are part of this rural Māori community.  The xxxx people in this home have lived together since they were at Tokanui Hospital. They appear to get along with each other and are aware of changes and new people coming into their home.  Each person’s bedroom is decorated according to their interests and taste. The main living/dining area is small but has comfortable furniture and each person has a preferred chair. There is a notice board visible on entering the home and a number of notices on the walls. *Reducing the number of notices* to just the most essential would increase the feeling that this is primarily a home and not a workplace. It may be useful to move many of the notices to the staff office and perhaps use the space to display artworks completed by the people in the home, photographs or other decoration.  The home is located in a rural area but has a van readily available for trips into the main centre or the nearby township. Operation of the van requires a driver with a full licence and outings may need to wait until a licenced driver comes on shift. This limitation, as well as the distance, and staff resources are factors that encourage group-based rather than one-to-one outings. One-to-one activities do occur on the property such as going down to the river for swimming and walking, and walking down to the Marae, and visiting neighbours.  The service is in the process of completing home agreements and have sent copies (with a covering letter) to the families to complete the process. Older, signed versions of the home agreements were not evident on the individual files. The new home agreements include details of the fees payable, what the service provides, what the individual is expected to provide for themselves and expectations (house rules etc).  This service no longer utilises vocational providers in the regional centre although there is a suggestion in the Residential Service Plan to provide funding for art and craft classes for all xxxx people (these have occurred at the service office in 2017). The service reports that there is sense of “clients not feeling welcome, including comments such as “I don’t think these activities are appropriate for your clients” in external vocational services that have been visited. Thus, the people in this home have all of their vocational and residential options supported from the home. Given the rural location and the limitations on access to the local and wider community (due to transport needs), the number of opportunities for the individuals to explore vocational options are reduced.  The service has been attempting to link the people with whānau and others in the local community through activities such as marae visits, visits to whānau, traditional activities such as collecting pipi and kai gathering, and attending events such as local rugby matches and kapa haka. However, there are limited examples of the people actually finding and/or retaining friendship links outside whānau and staff.  The staff meet together formally ideally every month although there has only been one meeting held so far this year. When meetings do occur, there are opportunities to discuss health and safety, hazards, infection control and incidents. However, these meeting do not follow formal agendas and do not systematically provide an opportunity to discuss each person separately (health, safety, activities) and review goals. It would also be important for minutes to note who was present at the meeting and provide space for staff who were absent to sign that they have read and understood the minutes.  The people in this home are aging and some age-related health and development issues are beginning to occur. The service is clearly aware of the health changes and issues each individual has, and is supportive of the people if they need to be in hospital by providing ongoing staffing.  The service has good pamphlets and information for people who may be interested in using or learning about the services offered by the Trust. There is also a website available.  The service is encouraged to seek out information about current trends in systems transformation and visit the organisational review on the Enabling Good Lives website.  Both the staff and managers are caring and supportive towards each person in this home. Reports and daily diary entries are respectful and there is a positive focus on improving the dignity of each person.  Personal money is handled appropriately and systems are in place to keep finances safe.  **AUTONOMY**  There are indications in documents such as the personal plans that the service is seeking methods to include the people in household duties. One person assists with hanging and bringing in washing on a regular basis, even if this involves simply holding onto the basket or pegs. The people are also encouraged to assist with traditional kai gathering and mahi kai although it is not clear how much actual involvement occurs in the kitchen as the service is concerned with safety around hot surfaces and objects. It was evident when visiting the home that the people were able to indicate preferences for wanting kai and, in particular, tea and coffee. The service is aware of their personal likes and dislikes with regard to kai preferences and develops a menu plan based on these preferences.  The service is encouraged to log what the people ate at each meal in the staff daily diary. Current menus do appear to be well balanced and the people in this home appear to be healthy.  There are an adequate number of staff to support the individuals in this home for basic support. However, the isolation of the home, the requirement to have a licenced driver and the double support requirements around one or two people when in the community limit how much one-to-one support is possible under the present arrangements.  xxxxx of the people in this home have limited verbal communication but all respond to verbal prompts. The staff appear to understand each person’s non-verbal communication. The service has developed a personal profile for each person that outlines their likes and dislikes. This could be extended to include any unique systems of communication for future carers and whānau.  Training staff in the National Certificate to at least level 2 (foundation skills) was indicated in the previous SAMS report. Providing this training is important to provide consistency and safety in services, and to provide staff with a basic qualification. A career path based on level 3 and 4 training can also equip staff to move into senior roles or provide a stepping stone for other career opportunities.  Since 2015 the service has run in-service training events on the code of rights, first aid, lifestyle plans and activities, report writing, infection control, restraint, epilepsy, managing behaviours, methods of de-escalation, quality control and incident/accident/complaint reporting etc, and documentation and reporting. The Evaluation Team suggests further training in individualised aspiration-based planning, manual handling and transfers, and Enabling Good Lives.  Entrance to the whare occurs immediately into the dining area. This area flows into a living space that is equipped with large lounge. There is a flat screen television. The kitchen is off to the side but sometimes kept secure and separate from the residents for safety reasons (i.e when cooking). Two bedrooms and the staff room are directly off the lounge. There is a large, plastered patch above the dining table (which is against the wall) and the floors are lino throughout the house (the service reports, “due to incontinence, as we don’t want them to use products all the time”). Two more bedrooms, a storage room (ex-bedroom), laundry/storage (locked) and bathrooms are off a corridor. Each bedroom is decorated with personal objects. The large walk-in shower and toilet is in reasonable repair but as noted earlier does not have rails for individuals who may be unsteady on their feet (as one person is). The second bathroom/toilet has a stainless-steel toilet bowl with a rubber built-in seat. This bathroom also does not have handrails and is in poor repair. The shower in this room does not appear to be used and there are plastered repairs near the toilet and holes in the wall near the sink.  One person in this whare has a sight impairment and another has been prone to falls due to instability. The 2015 SAMS report requested that hand rails be provided in the toilet or bathroom areas. The service reports that it did seek an assessment by Occupational Therapy (OT) and one was provided, but there was no follow through on providing hand rails. The Evaluation Team urges the service to revisit this assessment and secure the necessary safety equipment for this home.  On the surface, the home appears to be in reasonable repair and is well heated. The notices on the walls and the bare floors gives the home a slight institutional feel and the plaster patches are unsightly. It is also possible the wooden bars across the front of the kitchen are no longer required as it would be unlikely any of the people in this home would be able to climb over the lounge chairs and enter the kitchen that way, especially with two staff on duty. The service reports a trampoline recently hit the home in a storm and caused damage to one corner of the house. The guttering on this corner of the home is torn away and there is debris (leaves, plants etc) blocking other sections of the gutter. It appears it would be timely for the whare to have a general make over for both ongoing repair needs and décor.  The home is situated in a rural setting and, although close to staff homes and the local township, is somewhat isolated from town and public services and reliant on transportation provided by the service. However, the service, reports it is not isolated from its cultural connections, the landmarks, river, Marae, Kura etc.  **AFFILIATION**  Participation in the local community through marae and whānau visits, community rugby games and kapa haka have been a positive development with this service over the past several years. The service reports that visits to marae occur often and people will visit home marae whenever possible.  In general, however, getting out and about particularly on an individualised basis is limited due to only a few staff having a full New Zealand driver’s licence and the tendency for outings to occur as a group. Activities, such as picnics and kai gathering (especially pipi and other shellfish), are the more regular things noted in the diaries and progress notes. But the frequency of these activities may be as little as once or twice a month according to the records. We acknowledge, however, that this frequency may be higher but these may not have been reported in the records. Some training in improving record keeping is being conducted with the staff in this service.  The service has stated that they will seek additional workers/drivers for some events as the need arises. They also use a second vehicle for weekly and general shopping and sometimes they will take a person from the home. They also note, that sometimes staff will independently take people around the community or to their own homes.  The support staff did note that from time-to-time when they visit places like the regional town they are able to split up so that some one-to-one time can occur but the trend is toward group-based activities. The service has recently engaged in a number of hui (personal plans, strategic plans, residential plan) where some brainstorming has occurred into what the people can get involved in outside the home. In the case of personal plans, these ideas can be construed as what a particular individual may enjoy. There seems to be a disconnect, however, between the ideas that are generated and the service’s ability to put these things into practice both on a regular basis and for individuals on a one-to-one basis.  **SAFEGUARDS**  It was notable that the service has made particular efforts over the last several years to develop and strengthen bonds with whānau, or where whānau are absent, to secure ongoing advocacy. The whānau and advocates were very satisfied with the service and the communication they experienced with both staff and the manager.  All personal records are kept secure and highlight essential contacts and risks (in personal planning documents).  None of the people in this home have a behaviour support plan and there is no indication that one is required for any of the people in this home. An exception may be the man who does not like to venture outside the van although usually this is more an exercise of personal choice rather than a behavioural issue. Risks that are associated with this behaviour/choice could be considered in detail by the service.  Medications are kept secure and staff undertake an annual medication competency review. Policies and procedures indicate the requirement to keep staff up-to-date with medication competency. Medications are blister packed in most cases and these are checked when they arrive from the pharmacy. Staff signing sheets were sighted and were completed appropriately. The service is urged to consider using the prescription sheets noted in larger organisations as a means of keeping track of all current medications used by individuals and formalising the use of PRN (as required medication). Ideally PRN medications need to be sighted and approved by a medical practitioner. PRN protocols would suggest approval by an on-call manager and the use thereof sighted in incident reports (or QIPs in the case of this service). None of the people in this service are prescribed PRN psychotropic medications.  The service has good civil emergency protocols and procedures, especially if evacuation is required. There are adequate food and water supplies available in the house that are reviewed and re-stocked regularly.  The home has recently completed a fire safety review with an independent contractor and comes equipped with built-in smoke detectors, fire alarms and extinguishes. Fire drills are scheduled to occur monthly but no written confirmation was indicated in the staff daily diaries. It is suggested the service reviews with staff that fire drills have occurred and the appropriate forms are completed.  The service combines complaints, incidents, accidents, hazards (preventative and corrective actions) and non-conforming product/service reports into one document – the Quality Improvement Plan form or QIP. This form provides space for brief descriptions only and formal written complaints (if they occur) are attached. The Evaluation Team suggests that space be made to include not only who wrote the report, but for incidents and accidents, who it involved and the seriousness (ie, minor, moderate, severe, sentinel). Incident and accident reports need to be as detailed as possible. It would also be worthwhile encouraging staff to write a report for all incidents no matter how minor as a means of tracking frequency, such as minor falls and seizures and medication mishaps (eg, dropping medication, giving it later than usual etc).  The manager of the service has had training in infection control and has provided in-service training events to staff on infection control. There are necessary policies and procedures regarding infection control and pandemic planning.    **RIGHTS**  The Code of Health and Disability Services Consumers' Rights is displayed in the home. The service includes the Health and Disability Code of Rights in staff orientation training.  The service has a complaints procedure that is known by staff and most whānau/advocates. A complaints register was sighted and any complaints therein (one in this case) were followed through using the expected processes.  There are policies and procedures associated with positive behaviour support and least restrictive practice. The restraint and enablers policy provides definitions of the various forms of restraints and specifies that physical restraint is not practised by this service.  There is a restraint protocol noted for the locked kitchen and restricted kitchen access and this includes review dates at six monthly intervals through Trustee hui.  **HEALTH AND WELLNESS**  Each person has his or her own general practitioner and all have regular health and screening checks.  There is an abuse and neglect policy that is due to be reviewed by the staff team. Review of abuse and neglect policies, and recognition of abuse or neglect, would ideally be conducted annually.  The people in this service experience continuous support with a stable staff team.  The Evaluation Team continues to believe it is possible the distinction between operation and governance may at times become blurred with three staff members (who are also related to one another and related to the Trust Coordinator) on the Board of Trustees. The service in response stated they have a risk management plan for the Board of Trustees that focuses on conflict of interest issues. It is standard procedure for people to remove themselves from the Board when there are issues that represent a conflict that are of a serious nature that requires sensitivity.  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 training opportunities and requirements for a minimum of National/NZ Certificate in Health, Disability and Aged Support level 2 (foundation skills) to all staff. 2. The service secures a new OT assessment and provides handrails in the toilet and bathroom areas. The service also provides appropriate repairs to the bathroom wall, guttering and completes repairs where the walls have been plastered. 3. The service continues to secure individualised and community-based activities for each person that are connected to their interests and their personal planning goals. |

## Recommendations

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| 1. The service continues to develop and review the format of personal plans and review how they relate to support plans. 2. The service provides regular staff meetings and formalises them to include a standing agenda that includes time to discuss each individual being supported, list who attended the meeting and provide space for staff who did not attend to sign that they have read and understood the minutes. 3. The service considers the general décor of the home and how it can be developed to feel more like a typical home. 4. The service further reviews its medication processes. 5. The service considers improvements to or development of its QIP form. 6. In-service training for the coming year could include a review of abuse and neglect policies, further training in individualised aspiration-based planning, manual handling and transfers, and Enabling Good Lives. |

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)