# 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:** | 22nd July 2015 |
| **Name of Developmental Evaluation Agency:** | SAMS (Standard and Monitoring Services) |

## General Overview

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| This report is a review of corrective actions requests (CARS) following an audit review by the Designated Auditing Agency (DAA), Health and Disability Auditing New Zealand Limited, in March 2014. There is only one residential service provided by this agency and this one was the subject of the DAA report. Currently there are only four people living at the address as one person has recently passed away. The fifth bed remains vacant. The descriptive sections of this report are essential identical to the Evaluation Report since only one house is the subject of this review.  This residential service was established following the closure of Tokanui Hospital in 1998. The home is registered for five people but one of the original residents passed away recently and the fifth bed has not yet been filled. The service is Kaupapa Māori and was moved from Whakatane township to rural Rautoki in recent years. The house is surrounded by the homes of Trustees and staff members. It is the only residence in this service, although the Trust also runs a childcare centre and other community services.  The staff team consists of several family members or principle managers, 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 individuals who required hospitalisation is testament to the positive attitude and depth of caring evident in this team.  As a Kuapapa Māori service the cultural and spiritual components of each person’s life are well supported. However, the service has been having some difficulty encouraging wider acceptance of the people in this home into the marae.  Documentation and other records are very good and the staff understand the value of providing detailed daily records.  Two families have some contact with the service on a semi-regular basis. The one family member who the Evaluation Team were able to make contact with was very satisfied with both the support provided and the degree of communication provided between the staff/managers and the family. The service has made concerted efforts to maintain and strengthen family contact but has acknowledged that some ties that were severed long ago (during institutional days) have been difficult or impossible to re-establish.  The Developmental Evaluation Report has five requirements the service must complete relevant to their service contracts. The majority concern the lack of individualised aspiration based planning and participation in the community. Staff training requirements are closely linked to the lack of individualised options for the people. One requirement relates to the need for hand rails in the toilet and bathroom area and repairs needed in the bathroom.  The Evaluation Team also reviewed the five corrective actions provided by the DAA. Three of these fully complied with the requirements and two were in process.  **Areas of Service Strength**  • The staff team are positive, stable and caring.  • There have been positive and concerned efforts to maintain or establish contact with whānau.  • Individuals are well supported and are comfortable with one another.  • Record keeping is of a high quality.  • Policies and procedures are detailed.  • Cultural and spiritual needs are well supported in this Kaupapa Māori service. |

## 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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| **1 – Identity:**  The service has very detailed ‘Lifestyle Plans’ that primarily focus on each person’s support or care needs. These plans are reviewed annually and progress notes are provided in monthly reports. The plans do not, however, include aspirational goals that reflect each person’s interests. Aspirational goals tend to be goals that a person would choose for themselves (if this is possible).  The Evaluation Team recommend the service investigates the process and rationale of aspirational planning (often referred to as personal planning), looks for training opportunities for staff in personal planning and begins the process of establishing individualised aspirational goals for each person.  The service has a good working relationship with the local NASC and has recently completed three year reviews for each person. The service reports it can adjust each person’s needs assessment with the NASC as the need arises.  The service has a vision statement that reflects how the service wants to support individuals in the residential service. It states: Matemateanone 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 positive spirit of the staff and managers goes a long way to support the vision, but greater emphasis on how the service can develop greater integration into the marae and wider community would assist with realising the vision for each person.  The four people in this home have lived together since they were at Tokanui Hospital. There is good evidence they are compatible with one another and that they have felt the recent passing of one of their housemates. The people in this service (both residents and staff/managers) have experienced several losses recently and have supported one another at the tangi and through the grieving process.  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 a home primarily 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 people in the home, photographs or other decoration.  The home is located in rural Ruatoki but has a van readily available for trips into Whakatane or nearby Taneatua 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.  The service is in the process of completing home agreements, and has sent copies (with a covering letter) to the families to complete the process.  The service is funded to run weekday activities from home. There is a programme for the people in this home that includes art and music in Whakatane at the Disabled Resources Centre (DRC) twice a week. However, as the people are not clients of DRC but rather come in to one or two programmes they offer, they do not benefit from individualised programmes that the service may offer. For this to happen the funding arrangements would need to be reviewed. Te Toi Huarewa provides other weekday options for the group that include frequent van rides, kai gathering, picnics or walks, visits to swimming pools (when the pools are accommodating to people with disabilities) and trips to the river.  There are excellent lines of communication between the staff, managers and Trustees. Many of the staff and Trustees are related to each other and communication occurs on an ongoing basis.  The staff meet together formally approximately every three months. This is well below industry expectations of once a month or once a fortnight, but the closeness of this group of staff and the degree of ongoing communication is unique. Nevertheless, meeting formally to discuss individualised goals and service developments, review policies and procedures, report hazards/infection control issues, receive training and plan generally would suggest more frequent meetings may be useful.  The people in this home are aging and some age related health and development issues are beginning to occur. Slowing down may mean that some people are less inclined to go on group outings, but it is important to keep people moving and active for ongoing health and quality of life reasons. The service has been active in encouraging individuals to get out and about. More individualised options may assist this process further.  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 not completely aware of current developments in the sector and is encouraged to seek out information about programmes or pilots such as Enabling Good Lives, Individualised funding and local area coordination. Attendance at conferences or workshops may be useful for one or two staff members so that they can bring information back to the service.  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. Family members receive statements approximately every six months.  **2 – Autonomy:**  There was some evidence that some of the people were involved in household chores and routines but this was more often the exception than the rule. The kitchen area is blocked off when staff are cooking or preparing hot drinks for safety purposes. However, notes indicate that one person was recently involved in helping vacuum the floor and another person was observed to follow the staff out to the clothes line to hang curtains and blankets. Any type of involvement in household routines has significance for people with disabilities as it reinforces for them that the home is their home. It is not unusual for people in supported settings to have set tasks such as taking out rubbish bins, helping to hang or take in washing (even if this is holding pegs or washing), clearing and setting tables (even if this is just a few items), taking stuff out of dish washers, helping to make beds, putting clothes in the laundry basket, vacuuming etc. It is not unusual for staff to then complete the task once the person is out of sight.  Menus appear to be well balanced and none of the people in this home appear to have weight challenges of any kind. Due to the degree of disability the people living in this home are not involved in developing the weekly menu but the staff are aware of individual preferences.  The people are well supervised in daily care needs and two showers a day is not uncommon for some individuals. The male staff support the men and the female staff support the women with intimate support.  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.  Three 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. Creating a communication diary that lists the style of communication unique to each person is often useful in keeping a record for future staff members. These small booklets are usually also decorated with information about the person (likes and dislikes) and photographs of preferred activities and fun times.  Each person has his or her own bedroom complete with a television. It is probable that most of the people would not watch the television generally, but there is every indication that most of the people enjoy music. Visitors can meet with the people either in their bedroom or in the front yard if they desire some privacy. As previously noted the dining/living room space is not large and privacy is limited in this area.  Although the home is on one level it is not currently suited for people with limited mobility and until now there may not have been any reason to consider mobility requirements in this home. However, one person has a sight impairment and another is prone to falls due to instability. There are no hand rails in the toilet or bathroom areas. The Evaluation Team suggests an assessment by Occupational Therapy (OT) is now due for at least two of the people in this home. It was noted that the service is already in the process of enlisting advice from OT assessors.  The home is in reasonable repair although the house is of an age that ongoing maintenance would be ideal. The shower wall has rotted through near the shower controls and requires immediate attention.  **3 – Affiliation:**  Almost all the activities are group based which creates specific problems both in terms of community perception/acceptance and in terms of developing and supporting individual interests/aspirations. It has been noted by the staff that the group often sits on the periphery of marae events and community rugby games, and prejudice limits participation at some swimming pools for the whole group. However, taking one person to any of these activities and to activities such as going to a café with a friend or staff member, visiting a car museum or racing event will increase the likelihood that the people will be more accepted. Done over time (with repeated visits and with some regularity; Friday morning at 11am for example) also increases the likelihood of acceptance. Also, with acceptance comes integration and building new relationships or connections with others.  The Evaluation Team suggests the service works with the local NASC to consider methods of increasing individualised options in community settings that are based on personal interests and aspirations.  **4 – Safeguards:**  Personal records are detailed and provide all essential risk information in the opening pages.  No-one is currently under behaviour support and any behaviour support plans are now outdated. The NASC reports that efforts are underway to establish links with behaviour support for two of the people in this home. It would be useful if the staff can also undertake training in positive behaviour support strategies and philosophy at the same time as any assessments that are undertaken.  Medications are securely stored and the service appears to be following approved protocols. Staff members have training in medication competency when they enter the service. Annual reviews of medication competency are suggested. Medication files include signing sheets and medications are provided in blister packs. Medication information is kept in each person’s individual file rather than in the medication folders. It may be easier for the service to keep all this material in same place (ie, the medication folders). Furthermore, there are no formal signing sheets for PRN medication (which is essentially Panadol and other pain relief medication). Providing a short policy/procedure sheet for PRN medication in the medication folders and a formalised signing sheet would be useful for record keeping purposes.  The service provides one document for complaints, incidents, accidents, hazards and other events. This sheet provides clear categories for what type of event is being recorded and examples reviewed by the Evaluation Team provide approved responses by management. The forms are discussed both at staff meetings and at Board level.  Fire drills are practised monthly and the home has a current building warrant of fitness (renewable in September 2015). Civil defence supplies are evident in the staff room and the service has appropriate emergency and crisis event protocols.  The staff receive orientation training when they begin work at the service and shadow experienced staff members for up to three months. Orientation and ongoing training includes a review of policies and procedures, infection control, de-escalation, report writing, the code of rights and advocacy, etc. Training records indicate that the majority of the staff have completed epilepsy training. Further training in positive behaviour support, aspiration based planning (personal planning) and autism are suggested as a minimum. Consideration for enrolling staff in current certificate courses such as the Certificate in Human Services (intellectual disability) to level 3 or Foundation Skills (to level 1 & 2) is also suggested  **5 – 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 families. A complaints register was sighted but there have been no significant complaints.  The staff receive training in providing or acquiring advocacy for individuals. The service reports an independent consumer advocate is available to the people in the home  **6 – Health and Wellness:**  The people in this home appear to be in good health and have regular health checks (including the annual Cardiff health check). Dental checks occur on a regular basis. Currently there is a practice of the GP coming out to the van to consult with a person on some occasions. This has come about by apparent prejudice against people waiting in the waiting area. The Evaluation Team suggest the service contacts and negotiates with the doctor about more appropriate times for individuals to visit with consultations occurring in the consulting rooms.  There are comprehensive abuse and neglect policies that are up-to-date and required reading for new staff during orientation. There was no evidence that the people in this house suffer from either neglect or abuse (of any type).  There are restraint minimisation policies and procedures and there is one document relating to the locked kitchen area. Providing this document on each file of the individuals for whom this document applies is suggested.  The people in this service experience continuous support with a stable staff team.  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. |

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

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| **Finding 1 – Criteria 1.1.10.4**  Home agreements  **Action**  Obtain signed home agreements from all whānau.  **Service response** – In their response to this requirement the service stated in a letter dated 25 May 2014, “Te Toi Huarewa has realised late in the piece that this component was required for the CAR actions”. They have since drafted a more user friendly Home Agreement.  **Progress** – The SAMS team sighted the new Home Agreement and the covering letter sent to family/whānau. The letter was dated July 2015 and replies have not yet been received.  **Partially Met**  **Further Action** – The service provides copies of the signed Home Agreements. In situations where families/whānau cannot or refuse to sign the agreements the service seeks advice from the local NASC regarding a suitable alternative.  **Expected Completion date – 15 October 2015**  **Finding 2 –Criteria 2.1.1.4**  Environmental Restraint  **Action**  Having a policy related to the locking of the kitchen which includes:  a) who has approved the practice and for how long the approval stands,  b) the clinical justification for the practice (in relation to preventing harm),  c) how you would allow access to the kitchen for a consumer for whom denying access to the kitchen is not clinically justified, and  d) how often you will evaluate the practice to ensure it remains the least restrictive option.  Then document the evaluations and also demonstrate that the service openly communicates this restriction on movement to consumers/whānau prior to entry to the service.  **Service response** – “Te Toi Huarewa Trust has developed and implemented a policy and procedure on restrictions around accessing the kitchen at the Residential Care Service.” A copy of the policy was attached.  **Progress** – SAMS sighted the document entitled, “Kitchen - Restricted access”. The document provided all the essential detail and rationale for the locked kitchen during times of meal preparation. However, the SAMS team believe the service genuinely misunderstood the requirements for environmental restraint policies and procedures. To provide appropriate documentation the service needs to write an environmental restraint form for each person who is limited from accessing the kitchen and for what periods. This information must be accompanied by a clinical assessment of why access to this area has been restricted and for how long the restriction is expected to be in place. Each review should provide timelines for review of the restraint by a restraint minimisation committee. Reviews should occur at regular intervals (such as quarterly). The restraint form should also describe how the environmental restraint will not limit access by other people who are not the subject of the restraint. The form provided by the service about the restricted access to the kitchen may serve as the documentation needed to inform the staff and others of the access restriction but it cannot be referred to as a policy since this would affect all the people using the service.  **Not met but without prejudice**  **Further Action** – The service needs to further review the environmental restraint procedures necessary to justify the restricted access to the kitchen by specified individuals. The service should:  1. Provide an environmental restraint action form for each person who is the subject of the restraint.  2. Approval for the restraint must have clinical justification (for example, a behaviour support specialist, psychologist, occupational therapist).  3. There must be a timeline for use of the restraint with built in review dates (at least quarterly).  4. There should be a plan to reduce or eliminate the restraint if possible.  5. Reviews should include progress notes.  6. Clinical reviews should be at least annual.  7. A restraint committee (for services of this size a sub-committee from the Board of Trustees) will provide oversight and review of individual restraints with a view toward restraint minimisation and elimination.  8. The restraint form for each individual must detail how the restraint will not affect others in the same environment.  **Expected Completion date for revised action – 30 October 2015**  **Finding 3 – Criteria 1.2.3.6**  Quality Plans  **Action**  Quality improvement plans are not routinely discussed at monthly staff meetings.  **Service response** – “This matter has been raised with the Residential Care Service team… Quality improvement plans (and any relevant data) have been incorporated as a standing agenda item in those meetings.”  **Progress** – SAMS sighted staff meeting minutes with the Quality Improvement Plan as a standing agenda item. Minutes indicate the plan was discussed at each staff meeting since at least December 2015.  **No further action required**  **Finding 4 – Criteria 1.2.7.3**   1. Two of five staff files sampled do not have a job description. 2. Two of five staff files sampled do not have police checks.   **Action**   1. Ensure all staff have a job description on file. 2. Ensure all staff have a police check completed.   **Service response** –“These two human resource matters were raised with the Residential Care Service team immediately following the findings of our audit in 2013. … job descriptions have been incorporated into those staff members' files who did not already have a current and relevant job description… Te Toi Huarewa requested police checks on staff from the Ministry of Justice around the time of the audit. These have been received and are now on the relevant staff members' files.”  **Progress** – The SAMS team sighted the documentation referred to by the service on staff files and copies of the new police check forms completed by new staff members that are in process.  **No further action required.**  **Finding 5 – Criteria 1.3.5.2**  Two of four residents experience seizures. The management of seizures is not addressed in the support plans.  **Action**  Ensure all identified issues are addressed in the support plans.  **Service response** – “The support plans have since been reviewed and amended by adding a section on seizures (which includes advice/information from Epilepsy NZ)…staff have received training on seizure management.”  **Progress** – SAMS sighted reference to seizure support in the lifestyle (care) plans. The reader is directed to a special section in each person's file that is entitled “seizure/restraint”. Information about the individual's seizure history and management is noted in this section as well as information provided by Epilepsy NZ and seizure recording charts.  **No further action required.**  **There were two corrective actions that require further review:**   1. Finding 1 – Criteria 1.1.10.4   Obtain signed home agreements from all whānau.  The Home Agreements have been sent to the families (July 2015) and require their signatures. The agreements have been reviewed and provide all required information for whānau/advocates. This action is listed as low risk with an expected timeframe of one month (ie, by 30 August 2015).   1. Finding 2 – Criteria 2.1.1.4   Develop appropriate environmental restraint forms and processes for individuals who are the subject of this restraint.  The section relating to the finding and the response by the service indicates that the service did attempt to respond to this finding but fundamentally misunderstood its intent. The action required for this finding was not met but it is listed as “not met but without prejudice”. In the section concerning this finding, we have listed the steps needed to complete the actions required. The risk is listed as low with an expected completion date for 30 October 2015.  As well as these actions the SAMS Developmental Evaluation report lists six requirements the service must review by 30 October 2015. These are all listed as low to moderate risk and include:  • The service investigates the process and rationale of aspirational planning (often referred to as personal planning), looks for training opportunities for staff in personal planning and begins the process of establishing individualised aspirational goals for each person. (Evaluation Report, July 2015, Section 1.1).  • The service secures an OT assessment and provides hand rails in the toilet and bathroom area. The service also provides appropriate repairs to the bathroom wall. (Evaluation Report, July 2015, Section 2.2).  • The service works with the local NASC to consider methods of increasing individualised options in community settings that are based on personal interests and aspirations. (Evaluation Report, July 2015, Sections 1.1, 3.1, 3.2).  • The service increases the amount and level of training offered to staff and considers basic qualification courses such as the Certificate in Human Services or Foundation Skills (Intellectual Disability). (Evaluation Report, July 2015, Section 4.2).  • The service reviews and amends the practice of the doctor attending to people in the van. (Evaluation Report, July 2015, Section 6.1).  As well as these requirements, there were four recommendations suggested for ongoing development purposes or for preparation prior to the certification audit. Recommendations are not set to timeframes.  • The service considers methods of extending their knowledge of current trends in the sector. (Evaluation Report, July 2015, Section 1.7)  • The service considers methods of increasing certain individual’s participation in household routines. (Evaluation Report, July 2015, Section 2.1)  • The service instigates annual medication competency assessments with staff. (Evaluation Report, July 2015, Section 4.2)  • The service continue to critically review the composition of the Trust Board as it pertains to conflict of interest.  **Areas of Suggested Development in the SAMS 2015 Evaluation Report**  • While there are sufficient staff for basic support, there may be insufficient hours for individualised support based on personal aspirations.  • Ongoing staff training is encouraged in this report.  • Development of aspirational based plans is needed.  • An OT assessment for hand rails and other supports is suggested in this report.  • Maintenance is required in the bathroom area.  • The local doctor needs to review the practice of consulting with people in the agency vehicle. |

## Recommendations

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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)