**Developmental Evaluation Report Summary**

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

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| **Name of provider:** | Te Whare Ngakau Trust |
| **Number of locations visited by region** | 1 (Southern) |
| **Date visit/s completed:** | 13 December 2019 |
| **Name of Developmental Evaluation Agency:** | Enhancing Quality Services |

## General Overview

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| xxx men live in the home visited their ages range from xx to xx and have varying support needs. The men receive a good service, the Trust is outward-looking and tries to ensure people are engaged in the community and involved in lots of activities. Goals are exciting and match people’s interests. Families are made welcome and when interviewed stated they are very happy with the service.The Trust was incorporated in December 1998 and the home visited was the first house to open, in January 1999. Currently, the service runs two homes supporting xxx people The home is in a pleasant suburb on the outskirts of Christchurch near to shops and parks. It is rented from Housing New Zealand and it is well maintained and homely with a pleasant garden where the men can sit out and enjoy barbecues. Each has their own bedroom that is personalised with posters, books, TVs and other possessions. Originally service was developed to support residents from Templeton Hospital move into the community. Today only xxxx clients remain in the home that came from Templeton. The Trust places an emphasis on supporting Maori clients and whanau and has links with Maori organisations and support groups. The men are very busy during the week attending vocational services and weekends spending time in the community pursuing leisure activities.Support is individualised and assessments reflect personal support and communication needs. The personal files are comprehensive and structured to include personal details, support needs and goals. The information, however, was spread over several files and there is an opportunity to streamline and archive some of the documentation. Staffing levels are good with two staff on duty when the men are at home, one of the men has 1:1 supervision when in the community.Personal planning is well documented and includes goals which are measurable and achievable they tend to be activity-based, short term and reflect people’s interests; going ballooning, mountain biking riding, rock climbing, racing in a race-prepared ‘V8’ car, planning for a BBQ, learning staff names. The goals, timeframes and interventions are reported on daily and formally reviewed six monthly The internal design of the home, however, has some limitations. When all the men and staff are in the home living areas are cramped. In addition, the design of one of the bathrooms and toilet have limitationsStaff appear motivated and noted to have a good rapport with the men. Staff have access to internal training and are supported to undertake external Careerforce training. The service has effective links with primary care and specialist services.On the whole processes and systems are good however there are some gaps related to hazard management, medication, documentation and staff recruitment. Seven corrective actions are identified and six 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** Support is individualised and assessments reflect personal support and communication needs, one man is non-verbal and cue cards are used. During the week the men attend a variety of vocational services, one man is supported with 1:1 staffing and is involved with another Trust planting trees and gardening. Other times of the week and at weekends the group are busy in the community pursuing a range of leisure pursuits.Goals are established annually, individuals and family contribute to ‘My Ideas’ which the goals are devised from. The goals are individualised and reflect people’s interests, achievable and are well documented. Goals are imaginative and exciting going ballooning, mountain biking, trips to Rotorua and Wellington others are aimed at skill development, learning to tie shoelaces, helping to remember staff names. Teaching one man to cook so he can invite his girlfriend to dinner. People have their own rooms, most are large and all furnished with a lot of personal possessions, TVs, computers, books fish tank, posters etc.A policy is in place supporting consensual relationships and staff support the residents in this aspect of their lives. Staff have yet to have formal training on the topic.The service has policies surrounding entry and exit to the service through the NASC. There are clear policies and processes if someone wishes to enter or leave the service. The service is careful to balance the needs of the existing group with the ability for someone new to fit into the group. The men can present their own challenges, from time to time some can demonstrate challenging behaviour. One of the men is vulnerable unsteady on his feet and through age and ill health requiring more support.The home is rented from Housing New Zealand, it is well maintained and homely with a pleasant garden the men can sit out in. Located in a quiet cull de sac backing on to farmland and neighbours close by, it is also close to shops and parks. The design of the home, however, has some limitations when all the men and staff are in the home living areas are cramped. This is exacerbated by the Trust office located in the home taking part of the living space. Because of the design of one of the bathroom and toilets they are not accessible to the man in the wheelchair, although they are adjacent to his room.One man catches busses others have access to two vans one of which is fitted with a wheelchair lift for the man who uses a wheelchair when in the community.  Each person has a bank account with the Trust which has EFTPOS access. Clients have a small amount of cash available to them for everyday use and staff use the EFTPOS card for other purchases. Receipts are provided, clear auditing processes are in place and two staff check the pocket money weekly. Formal Home Agreements are in place but they need modifying to reflect the new Ministry of Health contract.**Autonomy**People are encouraged to help around the home tidying and cleaning, helping with chores where they can. They make their own breakfast and lunches and where they can they help meal preparation. The weekly menu is discussed with the men and choices made, the man who is non-verbal is shown cue cards. They each select a meal for the week with weekends being more ad hoc depending on what is happening at the weekendPrivacy is respected staff knock before entering bedrooms and there is a privacy lock on the main toilet/ wet area bathroom. However, the older bathroom and adjacent toilet do not have privacy locks. Because of the location of the wet area shower, the man in the wheelchair has to be wheeled through the living area and the office**Affiliation** People have a choice of GP and two choose to access their family GP. People’s health is well maintained. The service accesses a range of services including, mental health, behaviour support, nursing, OT and equipment services. All the men are very active as well as going to day programmes they are out and about in the community at weekends. As much as possible the men are involved in integrated activities, they have attended the local AMP show, a Jet boating day sponsored by the local Jet boating Club. They enjoy swimming and routinely go to the Library. Some are members of community groups Special Olympics, Big Gym club; one man likes to go horse riding. One man is very artistic and draws pen and ink sketches some are mounted and on the wall in the lounge.The philosophy of the service is supportive of Maori. Two men identified as Māori and Nga Tahu is their iwi. The iwi run Hui iwi days which the men attend and all the men are part of a Kapa haka group which is very popular, they practice weekly and perform at Kapa haka events, participating with hangi, attending Māori Arts/theatre, visiting marae. **Safeguards**The service has a risk management plan, which identifies areas of service that present risks including but not limited to: Governance, business continuity, financial, legal, client support, staffing Health and Safety. Each has a strategy to minimise the risk. Routine audits are undertaken as a part of the risk management strategy. Systems are in place to address Health and Safety and this is coupled with training. Health and Safety is a part of the manager’s report to the board. Improvement, however, was identified in processes and training.A register of staff training is kept on the computer. A strength of the service is the amount of training provided to staff including; First Aid training, Non Violent Crisis Intervention and cultural training with updates every two years. In addition, staff receive training on medication, infection control, health and safety, clinical note writing, use of a hoist. The latest training was on budgeting in September this year. Staff are supported to undertake Careerforce training, all have completed level three and four staff are at level four. Fire evacuations take place monthly and the outcome is reported to the board, the last evacuation took place on 25/10/19. Fire systems are checked by an external contractor employed by Housing NZ. The service has systems and processes for infection control and First Aid kits and CD kits are in the homeStaff files contain copies of signed contracts and job descriptions as well as evidence that staff had had an appraisal. As a part of Trust policy, all staff undergo police vetting. However, one file was missing evidence of a police check having been undertaken.Fire evacuations take place monthly and the outcome is reported to the board, the last evacuation took place on 25/10/19. Fire systems are checked by an external contractor employed by Housing NZ. The service has systems and processes for infection control and First Aid kits and CD kits are in the home.**Rights**Information on the Code of Rights and advocacy are kept in the homes. Families receive information on the Code of Rights and the complaints process on entry to the service. Families interviewed are aware of the complaint processes and confident to raise any issues with the manager, none of the families had a complaint. Residents meetings are held weekly there is a lot of family contact and the Health and Disability advocate visits the service and meets with residents. A church minister also visits. **Health and Wellness**All noted staff are trained in first aid and infection control. Where necessary an individual is referred to their GP if an infection is identified.The service has clear policies on receiving and administering medication and staff receive regular updates Medication audits are undertaken, other than creams and liquid medication all medication is blistered packed. Systems are consistent with good practice however issues were identified in the management of PRN – ‘As needed medication’. The medication was not available as charted and protocols to support the administration of medication should be strengthened.Observations and feedback from family members, service users interviewed indicate that men are well cared for and treated with respect, the men interviewed said that they liked living in the home. The service has a policy on abuse and neglect which identifies types of abuse, the list provides guidance, but needs to also include financial abuse. The policy makes it clear that staff have a responsibility to report abuse..There is a clear separation between Governance and Management. The board currently involves four people, the trust deed allows for up to seven trustees. The trustees have not had any formal governance training. The trustees come from a variety of backgrounds two have or had family a member involved with the service. The trust meets monthly and receives a comprehensive report from the manager. The Trust undertakes an independent audit of its accounts and also receives monthly updated from the manager. Under the contract, the service is required to have a business plan which currently it does not have**Summary of the Strengths of this Service:** * Positive feedback from families.
* People have interesting and well thought out goals
* Processes to identify and monitor progress against the goals are clear
* Support for people’s cultures
* People are actively engaged in the community
* Links with external support providers, vocational, health and disability support.
* Staff training
* Quality of the home and surrounds
* Staffing levels
* Quality of the documentation

Summary of Significant Findings:* Police vetting of staff.
* The current location of the office in the home.
* The inadequacy of one of the bathroom shower and toilet
* Medication management
* Health and Safety
* Training in sexuality and relationships
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## Outline of requirements and recommendations (not including those relevant to support for specific individuals)[[1]](#footnote-1)

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| * Adjustments to Home Agreements
* General training in sexuality and relationships for staff
* Hazard Management – developing a hazard Register
* Medication – Ensuring PRN medication is available as prescribed and improvement in

Protocols for its administration* Privacy
* Vetting of staff
* Business planning
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## Recommendations

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| * Moving the office from its current location.
* Integrating staff files
* Governance training
* Lengths of shifts
* Funding for additional specialised training
* External facilitation of the client meetings
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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)