# Developmental Evaluation Report Summary

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

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| **Name of provider:** | Agape Homes Trust |
| **Number of locations visited by region** | 1 |
| **Date visit/s completed:** | 27 September 2017 |
| **Name of Developmental Evaluation Agency:** | Standards and Monitoring Services |

## General Overview

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| This service was initially established by a group of families in 1992 and become registered as a Charitable Trust in 1994. The first home was opened in 1996 and the Trust has, until now, run three properties that are home to 18 people (six in each house). Over the past few months the service has come into possession of two more properties that have an additional six bedrooms in each. Some of the people from the present homes have opted to move into the new properties and this will result in vacancies in most or all of the homes run by the Trust. The Trust is in the process of meeting with potential new house members and has put in place a review process for both the service (generally) and for the people living in each of the homes where there will be prospective new flatmates. This environment of change is both exciting for many of the people and stressful, both for those who are moving to the new properties and for those who are remaining where they now live.  Most of the men living in this home have been together for some time. Each person has particular support needs that can be a challenge to support staff and, in some cases, other people in the home. Three of the people have one-to-one staffing to support behaviour and/or personal safety, and two of the people have significant health issues. There are some compatibility issues for some of the people in this home, but this will soon be relieved when two of the people move to a new home to be opened this month (October 2017). The service is aware that any replacements for the people who are leaving will have to be carefully managed and involve all stakeholders (the men in the home, family/guardians and staff).  There is a large pool of staff associated with this home due to the one-to-one allocations but turnover has been relatively low. The team meet monthly and put aside time to discuss the support needs and goals of each man. The men know their keyworkers and the families speak highly of the staff and the House Leader. The service has just enrolled the majority of the staff team to complete the NZ Certificate in Health, Disability and Aged Support to level four and many of the staff have advanced (non-New Zealand) qualifications in health care.  The service provides very good daily diary records. Personal goals are followed-up with keyworkers and detailed records indicate progress. Currently support plan and aspirational goals are combined into the lifestyle plans. It has been suggested by the Evaluation Team that these be separated so that aspirational goals can focus on what the person wants in their life.  The home is in need of extensive renovation with particular emphasis on the bathrooms, wood rot in some places (such as the rear entranceway) and general décor. A review of the structural integrity of the decks and spiral stair case is also suggested.  *We interviewed five of the men (separately) from this home and three family members. There was some variation in the degree of satisfaction indicated by different people. At least two of the men were not currently satisfied with their living situation and/or the support provided. There were also concerns regarding compatibility and variation in views about how the service should operate. The Evaluation Team believe that with the proposed changes in composition of the home, improvements in the décor and standard of the property, and appropriate levels of support for one person, the views shared by people during this evaluation will change for the positive.* |

## 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**  There are detailed lifestyle plans that incorporate both support plans (specific support needs and daily care requirements) and elements related to personal or aspirational plans. The lifestyle plans do provide a list of goals for each person but many of these goals are directly related to support plans (for example, exercise and weight loss) while others are clearly goals the person (alone) wants to achieve, such as finding a job or pursuing an interest in knitting. These latter goals are usually referred to as personal or aspirational goals.  The lifestyle plans that were available were up-to-date and we sighted detailed progress notes with the plans themselves in each person’s file. Goals were also discussed at staff meetings  The service reports a good working relationship with the local Needs Assessment and Service Coordination (NASC) agency. The Evaluation Team viewed the service agreements for each person and all are current.  Most of the men in this home have lived together for some time. The most recent arrival is a very active and able person who is at home (through his own choice) for much of the week. There are acrimonious relationships between some of the men and this has been managed through the location each person occupies in the home (upstairs or down) and the type of staffing that is available (eg, one-to-one for some people). The service is about to open a new home nearby and two of the men from this home have opted to move to the new property. This move will reduce or eliminate the current issues between the men.  The house is large, with a large open space occupying approximately half of the downstairs area. The other half of the downstairs includes three bedrooms, an accessible bathroom, a lounge space and a laundry. The upstairs is the main part of the home with the kitchen and dining area, separate staff sleepover room/office, lounge room, three bedrooms (one with an ensuite), and a bathroom.  The home is in dire need of renovation including refurbishment of the bathrooms (all three bathrooms), repair to the rear entrance way, review of the structural integrity of the decks and main spiral staircase, and general improvement of the décor.  The service is in the process of reviewing home agreements with most up-to-date agreements being evident on the personal files. Some families/guardians are still in possession of the documents across the service (in the process of being signed and returned) but their existence was confirmed during interviews.  There is some variation in the type of weekday activities for each of the men. Two men are at home full time and another is home two days per week. One of these men has a day programme organised from home with his one-to-one staff member. One of his weekday activities includes a voluntary job at the foodbank. The second person who is home all week arranges his own weekday activities and this includes a range of exercise activities and contact with the wider community. The third man attends the Vocational Service three days a week and spends two days at home resting. This person appears to be experiencing declining health and there are many indications that getting up and going to the vocational service is both unwanted and taxing. The service is in the process of reviewing this person’s vocational options with the assistance of the NASC. Ceasing or modifying attendance at the vocational service (for instance, going in when he is feeling up to it and at times of his choosing) is supported by the Evaluation Team.  Two more men attend the Agape Vocational programme all week and a third attends another service. Some of the men visit family members as part of their weekday schedule and one person visits a friend every other month.  The service provides a fellowship evening once a month for everyone in the Trust to gather and worship. Four of the men also attend a local church at least every fortnight. They report good companionship at this church. Some of the men are able to visit with friends either by themselves or through family. Some of the men are supported to visit with friends.  The Evaluation Team suggests the service offers sexuality and relationship training with regard to people with intellectual disabilities to support the workers in the organisation and find opportunities for open *and well facilitated* discussion between all stakeholders.  Most family members/guardians have reported good lines of communication between themselves and the support workers in the home. There also appears to be open communication by everyone associated with this home with the General Manager. There is a note in the personal files indicating how much contact and under what circumstances family members/guardians wish to be informed.  There is a positive emphasis on individual development and sensitivity to approaching the right of the individual to make choices in their own life, even when this can be challenging. The service is aware of its need to balance issues concerned with duty of care with dignity of risk, and its desire to honour the views and beliefs of family/guardians. This process can be very challenging to all concerned and requires constant and positive communication with all stakeholders.  The men meet together once a month for a resident’s meeting. This is facilitated by a member of staff and minutes are kept. It may be useful to change the emphasis of the resident’s meetings to provide a forum for the people to discuss their rights. This can be done through self-facilitation of the meetings or with the assistance of a non-staff volunteer. Further, representation on the Board of Trustee through fully supported membership (ie, with an assistant provided) or through a consumer representative reporting to the Board at set intervals may assist the service toward consumer driven (rather than just person centred) involvement. Currently the Board of Trustees has family member representation.  **AUTONOMY**  Many of the men in this home have quite severe disabilities but most will participate to varying degrees in the support of their home. One in particular is very motivated to help around the home.  The service organises meals through *bargain boxes*. This is a system of having the ingredients for a complete meal delivered, with the recipe. This system is supported by the men in the home although one person may wish to cook his own meals with staff support from time-to-time. The bargain box meals appear well balanced and the example witnessed when visiting the home appeared to be enjoyed by all. More involvement by some of the men in meal preparation could be encouraged.  Until recently there has been a sufficient number of staff supporting the people in this home. Three people have one-to-one staffing for all or part of the day and the house is staffed generally 24/7 except during weekday hours three days a week (9am to 3pm). Due to changing health needs, one man will now require two-person transfers for personal care needs and support at home during weekday hours (9am to 3pm).  Several of the staff in this home have advanced degrees primarily in the health industry but do not have New Zealand registration in their professions. The service has opted to train all frontline staff in the New Zealand Certificate to level 4 (forgoing levels 2 and 3). All permanent staff have recently enrolled in this certificate.  Personal records are kept secure in the staff sleepover room. Individuals and Welfare Guardians may have access to relevant records on request. Daily diary entries and other records are detailed, appropriate and up-to-date. The level of detail is commendable.  **AFFILIATION**  The people in this home have scheduled days for personal shopping, participate in church activities, visit their own health providers, take walks in the local community, visit with family and friends, attend vocational activities, actively pursue goals in community settings (ie, social outings, riding buses and trains etc), and work in voluntary jobs. The degree of community involvement is related to the individual interests, health and choice of each person. Some people have reduced participation due to health needs.  **SAFEGUARDS**  The service works hard to ensure engagement by family members and guardians in the lives of the men in this home. There is effort to connect people with family, both near and far through visits and through other forms of communication.  The personal files contain all necessary contact information and risk assessments/alerts. Behaviour support needs are listed in lifestyle plans (or separately) and the staff seem well aware of what is needed to assist each person in this regard.  All staff have reported they complete medication competency training and infection control training annually. The Evaluation Team were able to sight infection control and medication competency training was completed in the last calendar year. There are few to nil medication errors or issues recorded in incident reports.  Medications that are administered and supported by the staff in this home are securely stored and signing sheets appropriately completed. Each person has a medication review every three months. Doctors signing sheets are on each person’s medication file and drug information is readily available. Blood sugar recording sheets for those that require them are up-to-date and evident in medication files. The one individual who administers his own medication signs his own medication recording chart.  The home practises fire drills at regular intervals (monthly) and smoke detectors are wired to a central control board. The staff have recently had training in using an evacuation chair. This chair is kept in the upstairs lounge.  The service has fire equipment and the elevator checked for compliance and safety annually.  The service provides appropriate forms to complete incident reports and any incidents are discussed at staff meetings. Trends in incidents are reported to the Board. There are some situations where incident reports have not been completed.  **RIGHTS**  There is a poster of the Code of Health and Disability Services Consumers’ Rights displayed in the home. The men seemed to understand their rights and referred to the poster in conversations with the Evaluation Team.  The service has a restraint and enablers policy and procedure that include reference to restraint/enabler approval processes (through professional services), a minimisation/oversight committee (in this case, a review committee), and systems to constantly review. Enablers are used in this home with regard to people using wheelchairs (lap belts) and bedrails. Systems are in place to monitor the use of enablers and reviews occur through staff meetings and health professionals as needed.  The service understands the concept of ‘least restrictive’ environments and support. The behaviour support policy specifically states that the service will not use aversive approaches. The service reports positive contact with behaviour support specialists, although they also indicate that referrals and processes can be slow. Behaviour support plans, when needed, are evident within the lifestyle plans (or placed separately in files) and are followed by support staff. The service has provided training in non-violent crisis intervention (NVCI) to the majority of the staff over the past twelve months.  **HEALTH AND WELLNESS**  Each of the men has his own GP and all have access to other health professionals as the need arises. The service encourages regular check-ups (every three months) and appropriate health screening is made available. The service has utilised Occupational Therapy to assess wheelchairs and the home for people with mobility requirements.  Some of the men have dual intellectual disability and mental health needs and have access to psychologists/counsellors, psychiatrists and the mental health team. The service, in general, has a number of people who experience quite significant mental health issues and as a result the staff desire more training in mental health.  The service provides a clearly articulated abuse and neglect policy and processes that the staff have recently reviewed. New staff are made aware of abuse and neglect policies during induction and orientation. |

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

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| 1. The property owners of the home begin a process of renovation to improve the health and hygiene of the home (especially the bathrooms and various indications of wood rot), review safety (in particular the decks and stairway), and improve the décor in order to provide a valuing and homely atmosphere for the men. 2. The service provides staff training in sexuality and relationships for people with intellectual disabilities. This training can be extended, if the organisation desires, to include family members/guardians, Board members, and the individuals who live in the homes. 3. The service reviews when incident reports are required with managers and senior staff members. 4. Person specific requirement 5. Person specific requirement |

## Recommendations

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| 1. The service considers separating support or care plans (including related goals) from personal planning or aspirational planning goals. The emphasis of aspirational planning goals is on the person and what he or she wants to achieve personally. 2. The service reviews the training needs with particular consideration to aspiration based training and mental health. 3. The service considers creating facilitated forums for all stakeholders to consider and discuss sexuality and relationship issues. 4. The service considers providing Healthy Relationships training to willing participants and potentially extending this training to include family members/guardians, Board member and support workers. 5. Person specific recommendation |

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)