# Developmental Evaluation Report Summary

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

|  |  |
| --- | --- |
| **Name of provider:** | Argo Trust |
| **Number of locations visited by region** | 1 |
| **Date visit/s completed:** | 5 July 2018 |
| **Name of Developmental Evaluation Agency:** | Standards and Monitoring Services |

## General Overview

|  |
| --- |
| This home and the Trust were purposefully designed for people with profound disabilities. The Trust website rather humorously states its philosophy as “no track pants”, which highlights their desire to treat each person with dignity in all aspects of their life. There is also a stated “mantra” that ‘disability will not get in the way of people living a full life’. One look at the video and photographs on the website bears testament to how the service responds to that mantra and provides a vivid image of the quality of this service which is, quite simply, exceptional.  The Trust provides both residential and vocational (community participation) support for xxx people with profound disabilities. There is close family involvement in this service, both at the board level and in their visiting with their relative and helping out wherever needed. The level of satisfaction with this service is extremely high among family members.  The service has a staff team of 20 people working both part and full-time hours. This team comprises people with a range of qualifications, skills and life experiences. The service specifically looks for people with the right personal skills and attitude to work in this setting and then provides an active and ongoing training programme. The team works closely together as there is generally high staffing ratios for the people in this home and there is every indication that the team is cohesive (works well together). However, staff meetings seem to attract about half the team (although staff meeting minutes are read by those who do not attend).  It was noted in family interviews and in reviewing family member statements on the website that the emphasis on *individualised* community participation and, simply getting out there and enjoying life, is a central focus of this service. One family member stated that sometimes when she visits her daughter is not there, as she is ‘out on the town’. Many of these outings occur during vocational hours (separately funded) but they also occur in the weekend and especially on Friday and Saturday evenings. Even when people are at the home, there is a hive of activity and interactions focused around the business of daily living, daily massage and physical therapy, cooking, music therapy sessions, utilising the spa pool or sitting in the courtyard with a beer. During all of these activities the staff are actively communicating in a variety of ways. There is very little room for boredom or wasted hours, but the service is sensitive to providing quiet and private time for the people as they need it.  This evaluation also involves a midpoint visit in the certification process with HealthCert. The service reports it had no corrective actions from its last compliance audit with HDANZ on 1st August 2016. |

## Quality of Life Domains – evaluative comment on how well the service is contributing to people achieving the quality of life they seek

|  |
| --- |
| **IDENTITY**  The striking feature of the lifestyle (personal) plans in this service is they are all different and all loaded with ideas for fun and exciting things to do and try, based on the individual’s interests.  What is meaningful in these goals is they are not limited to one or two things in total, they almost always involve community-based locations and multiple places or multiple activities around each goal, and they are quality based. The people are often not at home in this service, as they have a lot to do in their lives despite the degree of impairment they experience.  The personal plans are relatively simple lists of things to do but they are all current and, despite the lack of progress notes, these things are happening for the people (according to reports from their family, photographs, some diary comments and statements from the staff). The Evaluation Team are loath to take staff away from doing all this fun stuff but hope that they can take some time to record when these things occur, what the experience was like for the person, what could be done differently or better, and where to next. Sometimes these notes can be done during staff meetings if time is set apart to discuss the goals for each person on a rotating basis – either recording them directly into staff meeting minutes or having a separate person record direct onto a progress report sheet. Some attention to highlighting activities in the daily dairies may also be useful.  The lack of attendance at staff meetings may be assisted by changing the agenda to include time to discuss each person (both generally and in terms of goals) on a rotating basis. It may also be useful to have training events follow staff meetings, involve guest speakers in some meetings, or create practice and team building exercises such as reflective practice. Alternatively, varying the times and days for staff meetings may create opportunities for some people to attend.  Each person has a care plan that provides details of daily support needs and methods of providing many of the various aspects of support for physical needs, such as physiotherapy, massage, PEG feeding, skin care, menu planning and so forth. Many aspects of specialist care are provided diagrammatically or through using photographs.  All of the people living in this home have been together for some time (some since the service opened in 1995) and all appear to get on well together.  The home was purpose built by Housing NZ and is suited to people who use wheelchairs. It is focused around an internal courtyard and has two accessible bathrooms with shower beds. One of these has a built-in hoist that was a relatively recent addition to the home. Each person has his/her own bedroom that is personalised, both in décor and furnishings. Some people require hospital style beds while others can manage typical beds (both single and queen size). There is a separate lounge area that is relatively small given the number of people in the home but comfortable. The dining area is a good size but the kitchen is small and not designed for ease of access by people with disabilities. Cooking or baking often occurs at the dining room table for this reason. There is a separate room for the vocational service, a large laundry area and a staff office. The spa pool can be accessed undercover to one side of the property.  The home is of a modern design but lacks storage space, both in bedrooms, the kitchen and generally. There are a series of skylights down the main passageway that consist of two layers of plastic roofing material that while water proof attract leaves and dirt and probably leak heat from the home. There are nine heat pumps in the home.  The Trust has been in the habit of completing home agreements once every two years but is now in the process of completing them annually and updating them to conform to the requirements of Tier 2, 6.9.1b, c of their contract. The plans sighted were only just out of date.  The people at this Trust have close links with family and extended family. They also link up with people in the community at such places as the local bar, cafes and hair dressers. The people also have links with another vocational service for people with very high needs. It was noted in at least one personal plan that the service is attempting to maintain links with friends through visits, Facebook, and meetings at cafes etc.  The Board of Trustees is comprised of family members. Issues such as succession planning are considered, both at management and board level. A strategic plan is actively pursued by the Board and includes such items as “creating new and interesting social opportunities for residents to enjoy” amid more mundane goals relating to budgets and staff recruitment.  The Trust has professional links with a number of services around the local area and keeps an active interest in developments in the field.  The philosophy of the service is to treat each person with the same degree of dignity and respect afforded any other person (and then some). This is demonstrated not only in the décor of the home and how the people are dressed, but in all aspects of the interactions noted between each person and the support workers. The staff talked to the people in a respectful and typical manner and communicated through touch and body language. They used every opportunity as a means of communication and this was returned with smiles and laughter. Respect was also demonstrated in how the staff talked about the people and their families, and in the written documentation provided.  This service has never assumed that the people cannot develop and achieve their full potential regardless of the degree of disability. Through goal planning and everyday life, the people in this home are encouraged to make choices and are able to try new things. The service has worn out its buttons (large round push buttons) that are used to let people turn electrical objects, such as music, TVs, food mixers, lights etc, on and off. New ones are being ordered. These simple devices allow the people to have more control over their environment.  In terms of life experiences, the people from this service have been involved in sailing, surfing, skiing, taken rides in small aeroplanes, been to concerts, taken overseas holidays, been horse riding, visited pubs and restaurants, visited family, engaged with music in a variety of ways, taken part in the Round the Bays (fun run/walk) multiple times, gone to dances, had a fire on the beach at night and taken various holidays. The list is not exhaustive  **AUTONOMY**  The service provides for a range of meal types but makes a concerted effort to prepare meals that are attractive and palatable. One person is PEG fed but has opportunities to experience some food/tastes in very small quantities. Some people require food pureed to various consistencies and the service is experimenting with thickened fluids for some people (although they prefer smoothies over beverages such as thickened tea for example). The service does understand what foods the people prefer and which they do not like. Menus are recorded in the staff communication book and appear well balanced and well thought through.  The people in this home have limited capacity to participate in daily chores but some efforts are made to include the people rather than simply doing things around them.  The staff team has a core of people who have been with the service for some time and a group that are more transient (as they are often University students). The majority of the staff have skills and qualifications in a variety of areas but not always in human services.  The service has an active in-service training programme around core subjects such as annual medication and infection control competencies, current first aid certificates, health and safety (including safe handling and vehicles), the rights of disabled people, spirituality and cultural awareness, incident reporting, PEG feeding, behaviour management and nutrition. Orientation also includes all of these areas as well as an understanding of the policies and procedures of the Trust.  External training is available to people in the Trust and the service reports that all staff have been offered the opportunity to complete Level 4 certificate in health and wellbeing apprenticeships, currently 75% of staff are enrolled in this programme.  The Trust is very clear about the privacy of each person’s bedroom and the need to knock and check if it is okay to enter. The Trust is equally clear that individuals need their own private time and the service makes sure this happens for the people.  Family and friends can find a private space to visit with the people if needed and family members have been accommodated at the Trust when needed  **AFFILIATION**  As noted in the sections above, the people in this home are as involved in the local and wider Wellington community as much as possible and frequently on a one-to-one basis.  xxx of the people in this home identify as Māori and the service has made efforts to link people to the marae in the local area. One family member stated, “the staff are more culturally sensitive than I am”. The Quality Plan (2018-2019) notes the rights of people “will be respected and the spiritual and cultural beliefs will be acknowledged”.  **SAFEGUARDS**  All of the people in this home are connected with family/whānau. The service further fosters links with family through remembering birthdays, Christmas and special occasions. Communication with families is ongoing and the families are comfortable to drop in on their relative at any time.  The individual files contain essential contact information and provide details of alerts (risks) associated with each person in the opening pages.  There were behaviour support plans noted in two files and these appear to be understood by staff.  Medications are securely stored and appropriate procedures are followed. All support workers have completed medication competency training and this training is revisited annually. The medication folders are well organised. Some medication information is provided in the medication folders (pictures of each drug and what it is for) but it would be useful to keep information on drug interactions and side effects available (perhaps in a separate file). This can be obtained from the pharmacy. The service uses PRN medication for both pain relief (Panadol etc) and for behaviour support (psychotropic medication). A procedure was noted for the latter but could be worded more clearly. It is suggested the service revisit PRN procedures and clarify the steps needed for use including notifications and completion of an incident report.  The home has a current building warrant of fitness and is fitted with sprinklers that have an independent back up water source. The service actively practises fire evacuation trials, both independently and with a fire safety service. Practising fire evaluations with people with profound and multiple disabilities in a home with sprinklers is not often seen, especially with the times (some at night) and frequency noted.  Civil defence equipment is stored in a shed outside the home.  As previously noted, all staff have a first aid certificate and complete a detailed orientation programme. Medications cannot be handled by a staff member until they have completed medication competency to an acceptable standard.  All staff are police vetted for working with vulnerable people.  Incident reports are completed appropriately and trends are followed. Any trends in incidents involving the people in the service are followed by training (for example, medication errors).  Hazards and infection control are discussed at staff meetings  **RIGHTS**  The Code of Health and Disability Services Consumers’ Rights is available to the people, staff, visitors and family members. Policies and procedures indicate how to obtain an independent advocate should one be desired.  The complaints procedure was readily available and family members indicated they understood how to make a complaint.  The service has policies and procedures concerning restraints and enablers. These include definitions of the various types of restraint. The policies and procedures also include information on the circumstances when restraints can be used (ie, professionally advised behaviour support plan) and how they would be monitored (ie, review dates, incident reporting, oversight by a restraint minimisation committee etc). None of the people in this home have a protocol for physical restraint. Protocols were noted on the individual files for the use of enablers (including when and how these are used).  The service provides positive behaviour support training to staff at least annually  **HEALTH AND WELLNESS**  Each person has a doctor that is approved by family member and dental visits are scheduled at regular intervals. The service also utilises other health professionals such as physiotherapists and podiatrists as required.  The service actively monitors each person’s health status and provides health related records at the end of each shift.  The service has an abuse and neglect policy and includes training in the in-service training schedule. The policy currently lacks definitions for the various types of abuse. This was discussed with the service and will be reviewed.  Personal property inventories were sighted on the individual files.  There is a clear separation between management and governance in this organisation. Interviews with Board members and annual reports both indicate the service is in a good financial position. |

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

|  |
| --- |
| There are no requirements in this report. |

## Recommendations

|  |
| --- |
| 1. The service reviews how it collects information for progress reports on personal planning goals. 2. The service completes updates of home agreements. 3. The service considers methods of improving staff member involvement in staff meetings. 4. The service reviews the PRN protocols and increases the information available on the medications being used. |

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)