# Developmental Evaluation Report Summary

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

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| **Name of provider:** | Founders Care Trust |
| **Number of locations visited by region** | 3 |
| **Date visit/s completed:** | 22 November 2017 |
| **Name of Developmental Evaluation Agency:** | Standards and Monitoring Services |

## General Overview

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| The xxxx people living in this home have known each other for several years and all seem to get on relatively well together.  Each person has a variety of activities they enjoy throughout the week, both recreational and vocational, and most have a close association with their family/whānau.  The service has utilised two vocational services in the town. Each of these offer unique programmes such as a computer suite, art/craft, cooking, karaoke, fishing, cultural activities through a Māori provider and community activities (town/shops, pool, library, gym etc). Some people have independent weekday activities such as paid and voluntary work (part-time) and Riding for the Disabled.  The staff in this home have worked together for some time and recently the service has ceased rotating staff between the three homes in the service, thus providing a stable team of staff for each home. This provision has been welcomed by the people in each home, the staff themselves and the families/whānau. The team in this home seem eager to establish themselves as team. The service has provided an excellent training programme over the years with many of the staff completing both the level 3 and 4 certificate; all but two (new staff) have completed level 2. In addition, there have been a variety of in-service training events held at regular intervals.  The families are generally very satisfied with the support provided in this home and some parents are on the Board of Trustees.  The home is spacious, well maintained and comfortable, with a large back yard and off-street parking. The Trust office is situated in a separate building at the rear of the property. Each person has his/her own bedroom which is personalised and treated as their own space by support workers. The living spaces are likewise personalised with photographs and artworks. One person is keen on cage birds and has an aviary in the backyard. He is also a member of the local xxx xxxx association and acts as their xxxxxxxxx.  The service maintains good paperwork with very well organised medication folders and detailed daily diary notes. Each person is supported to access a range of services in the community including medical, dental, audiology, podiatry, optometry and regular hair appointments. Medical screening tests and visits are conducted at regular intervals and as the need arises.  The service has care and support plans that outline personal need and daily support requirements. These are detailed and reviewed at regular intervals. The lifestyle plans (LSP) are also detailed but provide a number of goals that would be more suited to the care and support plans or goals that would occur as a matter of course. The Evaluation Team have suggested methods of reviewing the structure of these plans to be more focused on aspirations/dreams or goals the person has (rather than what other people want for the person) and methods of providing monthly reports that celebrate the successes, consider barriers or issues and review progress with the team, and where to next.  *We spoke with each of the people living in this home and four sets of their family members. On the whole everyone was very satisfied with the 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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| **IDENTITY**  The service provides care and support plans that are updated at regular intervals and contain all the essential information for support workers on the needs and support requirements for each person.  Lifestyle plans (LSPs) outline strengths and achievements and then list a number of health, leisure, and developmental areas where goals are developed (typically for each area). Many of the goals may be more suited to the care and support plans.  The Evaluation Team suggests an overhaul of the personal planning process to provide a focus on each person’s aspirations or dreams with each broken down into achievable steps/goals. These could then be usefully set to timeframes and indicate the person responsible for overseeing the development of each aspiration.  Key workers provide monthly reports that outline what the individual has been doing during the previous month, how much contact they have had with their family, any health visits/concerns and a brief report on LSP goals. The Evaluation Team suggests that when reporting on goals the key person also highlights what progress has been made, what was successful, what was not and where to next.  The people in this home have lived together for some time and appear to be compatible as flatmates.  The home is well designed and spacious, with three bathrooms (including two accessible bathrooms/toilets), a lounge, separate dining area and well-appointed kitchen. There are also suitable access ways for people with mobility requirements, making the property barrier free for any potential future flatmates with mobility requirements. The home is comfortably furnished and heated, and has no external features that make it appear out of place in the suburb. The grounds and gardens are well maintained, and the driveway suitably pathed  All of the people in this home access the same vocational service for all or part of the week. The choice of provider appears to be made by each person and the vocational service endeavours to engage each person in groups or options that don’t always also involve their flatmates. One person also utilises a second provider one day a week and two people have paid or voluntary work placements for up to one and a half days a week each. These include work at a local business enterprise (with a minimum wage exemption), voluntary work at a local charity and voluntary work at a rest home.  The people in this home are active individuals with a wide range of contacts through vocational services, other homes within the service, clubs, Special Olympics, work, *People First*, church, marae and family/whānau. There is evidence that the people are assisted to visit friends and family and that they are interested in having friends and family over to visit them.  There are clear lines of communication between staff and the manager of the service, and the family members are happy with their communication with both the staff and the manager.  The service actively supports the people to improve household and personal skills, and encourages them in their particular hobbies such as keeping birds, knitting and handcrafts, music and bike riding (to name a few).  The service supports the people to attend church and church groups as desired. Cultural preferences are supported through a Māori vocational provider and through culturally appropriate practice in the home.  **AUTONOMY**  The people in this home are actively involved in assisting with daily chores, menu selection, grocery shopping and cooking. A menu is developed with the people in the home and the person on the roster for the evening meal will select how the meal is to be prepared (ie, what recipe to use). Everyone in the home has rostered chores and set days to cook.  Meals are recorded in the menu book by the person who cooked the meal. They appear well balanced and are varied.  The staff communication book or diary provides detailed notes for each shift and appointments etc are highlighted.  All of the support workers in this home have completed the National Certificate to level two and one has completed level three training. A range of in-service training events are provided by the Trust.  All staff have induction training when they begin work at the Trust. This training assists staff to become familiar with policies and procedures, the mission and values of the organisation, duties and responsibilities, codes of conduct and so forth.  As noted previously, the house is spacious and offers ample opportunity for the people to meet with friends and family privately.  The people living in this home and their support workers are respectful of privacy and private spaces.  All documentation is kept secure in the staff sleep over room.  Personal files and other records are relevant, clear and up-to-date. Daily diary entries are detailed, clear and respectfully written.  The home is in a typical suburban neighbourhood a short drive from the city centre. There is a van to assist the people to access the community and vocational centres, work options etc. Some people are able to access the community independently.  **AFFILIATION**  As well as the various activities undertaken through the vocational services, the people in this home have involvement in mainstream groups such as church, going to the gym, and belonging to a bird fanciers club. They also variously access the town centre and other shopping facilities, have their own hairdressers, attend concerts and community events, and use various parks, the pool and library. Some people belong to Special Olympics and one person belongs to the self-advocate group, *People First*. Community participation also occurs through contact with family members.  **SAFEGUARDS**  The individual files contain essential contact information and provide details of the alerts (risks) associated with each person in the opening pages.  None of the people in this home have a formal behaviour support plan but where necessary notes are provided for staff to assist the individual should the need arise. These include notes on recognising triggers, preventing escalation (calming techniques) and managing escalation if it occurs (keeping people safe, de-escalation methods).  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 and provide all essential information for both staff in the home and medical personnel. Specific health information is kept in these folders such as weight and seizure records as required.  The home is well equipped for civil emergencies with a “go” bag for each person (if evacuation is necessary), well organised records, equipment, water and food.  The home is equipped for fire safety and has a current certificate of compliance provided by an independent agency. Fire drills are practised at least every six months and the people in the home were able to explain what to do in the event of an emergency.  Incident reports were sighted on the personal files and, where these were completed, appropriate follow-up procedures were noted. Incidents are discussed at staff meetings and trends in incidents are likewise noted.  The home maintains a hazard register and all hazards are followed up with action plans. There were no outstanding hazards of note in this home.  All staff have completed (or had attended) first aid training.  **RIGHTS**  The Code of Health and Disability Services Consumers’ Rights is available to the people in this home.  The people living in this home and their family members understood how to make a complaint should one be required. A complaints register was sighted.    The service has recently employed a new manager and is in the process of reviewing policies and procedures. Those currently under review include restraint and enablers, positive behaviour support and abuse/neglect. The current edits for these policies are in keeping with accepted legislation and rights statements. In particular, the right to positive behaviour support practices that are informed by the sector, do not involve punitive or aversive treatments, and support least restrictive alternatives.  The restraint and enablers policy includes definitions, the conditions under which restraints or enablers may be used, the appointment of a restraint minimisation committee where needed, three-monthly review periods, and the requirement of behaviour support plans that stress restraint only as a last resort and a plan towards elimination.  Restraint is not currently employed anywhere in this service.  **HEALTH AND WELLNESS**  Each person in this home has his or her own doctor and dentist and has access to other health professionals as required. The service is diligent in promoting regular or annual health/dental reviews, health screening (including medication and age-related health screens) and three-monthly medication reviews for people on psychotropic medications.  The staff in this home have regular training and reviews in infection control procedures.  The service is currently reviewing its abuse and neglect policies and procedures. Current edits indicate appropriate definitions and procedures for recognising and reporting abuse or neglect. Staff must provide written signatures that they have read and understood the abuse and neglect policies and procedures, and the service revisits the policies annually. There are no signs of either abuse or neglect of the individuals in this home. |

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

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| There were no requirements listed in this report |

## Recommendations

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| 1. The service reviews personal planning with a focus on aspiration-based planning that is both person-centred and person-directed. Providing staff with aspiration-based training is also suggested. |

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)