Developmental Evaluation Report Summary

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

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| **Name of provider:** | G.I.F.T Centre |
| **Number of locations visited by region** | 1 |
| **Date visit/s completed:** | 18 November 2019 |
| **Name of Developmental Evaluation Agency:** | Enhancing Quality Services |

## General Overview

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| The G.I.F.T Centre (Growth in Faith Together) (GIFT) was established as a residential centre in approximately 1992 to provide a fulfilling environment for people with an intellectual disability. It is governed by a ‘Board of Management’ that is appointed by the catholic Bishop of Auckland.  GIFT comprises two homes, one a converted schoolhouse and an adjoining convent named xxxxx. xxxxx is a stucco and plaster building that was built in 1923. Both homes are very old and require substantial maintenance and repair. With the ageing residents and with some residents living upstairs, these buildings are not particularly suitable for the group.  Support is individualised and assessments reflect the personal support required. All residents need some support with housework and cooking, and all take part in the household chores to some degree. Some of the residents can access the community independently. No one is in fully paid work but several attend vocational services such as Altus Enterprises.    Personal planning includes goals which are measurable and largely achievable. Timeframes and interventions are reported on daily. Plans are particularly well documented. People take part in a wide range of interesting activities.  With direction and support most of the group can make some decisions for themselves. Most people have good family involvement. Families are as involved as they wish in their family members’ lives.  The seven family members interviewed are happy with the service. Families were knowledgeable about the complaints process and felt comfortable raising issues should that need to happen. The families felt consulted and were kept reasonably informed.  There is an annual training programme over four days, facilitated by an external consultant plan that addresses all the mandatory training requirements.  An emergency response plan is in place. The innovative civil defence kits are regularly checked.  The manager does not have a senior leadership team and reports all the relevant data to the board monthly. This is also discussed at staff meetings where appropriate.  There are two corrective actions identified at this review related to hazard management, medication and four recommendations are made. |

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.  Each resident has a life-style plan called a personal outcomes plan. Plans cover all aspects of a person’s life and are very well documented. Families are involved if they choose to be.  People have their own rooms, most are furnished with a lot of personal possessions, TVs, computers etc  A policy is in place supporting consensual relationships and staff support the residents in this aspect of their lives  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.  There is transport for residents to go out as they desire and/or are able. Some are able to walk and take public transport.    Residents have their own bank account, most are managed by the service one family manages this is on behalf of their family member. Receipts of all money spent are kept in a ledger that is easy to follow. Residents are supported and in how to manage their money.  Families spoken with are happy with the level of communication that they receive and can give feedback when required. They stated they are happy with the service their family member receives.  **Autonomy**  The most support required in the home is prompting with personal cares, cooking and washing. Residents are actively encouraged to learn to do their personal cares and keep their rooms tidy and generally to gain more independence. Residents are involved in choosing their meals, although staff direct this.  Privacy is respected. People have access to the phone and can take personal phone calls privately, (some have their own cell phones). Staff were observed to knock on residents’ doors and ask permission to enter their rooms. Residents demonstrated whether they are comfortable or not about other residents going into their rooms. It is reported that all people are on the electoral roll.  **Affiliation**  People have choices and may attend their own GP, although most attend the same practice. People also have choice about other health care providers that they attend. Some people attend church. Links are maintained with local service providers, including a good relationship with the NASC service. There is no real interaction with nearby neighbours.  **Safeguards**  Risks are documented for each person in a risk management plan, and some of the residents understand consequences of their actions. Staff were knowledgeable about these risks. Behaviour support expertise has been utilised when required.  A hazard register is in place. Staff were aware of reporting hazards. Incidents and accidents are well recorded and analysed and trended by the manager, reported to the board and discussed as appropriate at the staff meetings. There is a good understanding of incident management amongst staff, and open disclosure is practiced where appropriate.  Each person has their medication blister packed, and all medication is signed for appropriately as required. No self-administration occurs, although some residents are very aware and knowledgeable about their medication. There is good information available in the home about side effects of the medication.  Staff training is planned. All staff have current first aid and undertake annual mandatory training. Careerforce training is encouraged and all staff undertake this at some level. A sample of staff files were reviewed, all contained copies of signed contracts, job descriptions police vetting, references etc. Files were well maintained and easy to navigate.  Formal fire evacuations are held six-monthly. The last one was held on 4 November 2019. Staff described the way that residents evacuate and are happy with the time taken. There were no recommendations from the last trial evacuation. Residents spoken with were aware of what do to in case of fire.  **Rights**  Information on the Code of Rights and advocacy is kept in the homes. Families receive an information pack providing information on the Code of Rights and the complaints process on entry to the service. Families interviewed were aware of the processes. Residents meetings are held monthly. Residents can make their needs and desires known but families will advocate for their family members if required.  **Health and Wellness**  All staff are trained in first aid. Any changes in clients’ ability to manage or deteriorating health are referred to discussion with the NASC in the first instance and staff are aware of this.    Staff are aware of the policy on abuse and neglect. Residents and families interviewed stated they were happy with the service and were comfortable that residents were treated with respect. Staff were able to discuss the process should they suspect abuse or neglect happening within the service. Governance and management are separate. The governance board is comprised of five independent trustees and one who has a family member at the facility. The manager, who is involved in daily operations, has good access to the board and meets with them regularly, informally. An AGM is held annually and is well attended by family.Summary of the Strengths of this Service:  * The commitment of the manager to improve processes. * Documentation in residents’ files is exceptional * Integration of residents into the community * Varied and interesting lives that residents live   **Significant Findings:**   * Parental control to the detriment of one resident * Medication process of accepting medication into the home * Hazard management |

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

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| * Hazard Management – updating Hazard Register * Medication – Checking medication coming into the service |

## Recommendations

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| * The service look at obtaining an advocate for one of the clients in the service to ensure his interests is paramount. |
| * Review oversight of the tidiness and cleanliness of some of the rooms. |
| * The board to look towards the future and consider the future of the residents in finding them more suitable. |

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)