# Developmental Evaluation Report Summary

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

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| **Name of provider:** | Hohepa Homes Trust |
| **Number of locations visited by region** | 2 |
| **Date visit/s completed:** | 6th March 2018 |
| **Name of Developmental Evaluation Agency:** | Standards and Monitoring Services |

## General Overview

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| This home was developed for young people with very high and complex behaviour support issues. There is a home for xxxx people and a flat for xxx xxx. The home was reviewed in 2015 and indicated improvements quality of life and reductions in the rate of very challenging behaviour. In this review xxxxx people from the previous evaluation were still in residence and life for each person had improved in tangible ways. Most notable has been a move from school to one-to-one vocational options. There is evidence that this transition has been instrumental in assisting these men to self-manage their behaviours and explore the outside world. There is clear evidence that the number of serious, very serious and critical incidents has reduced or reduced to zero (in the case of critical events) for all of these men. Likewise, the use of restraints has also reduced with the only recorded events in the last year involving one person on four separate occasions. The most recent report from the Restraint Minimisation Committee has resulted in a cessation of restraint protocols for this person. Conversely, the use of PRN (as required psychotropic medications) has shown a small rise in usage but for one series of three incidents, a discernible antecedent was indicated resulting in an unsettled period.  Another important development to have occurred at this home was a movement in approach from a home for children and young people (up to the age of 21 years) to a young person’s service for people up to the age of 25. The rationale for the change is two-fold. Firstly, the developmental years between leaving school and settling into a regular out of school lifestyle are very important. Secondly, all of the young people in this home experience significant challenges in their lives. Providing a stable environment during important changes in their lives seems a rational step prior to moving onto other living options.  Two new people came to live in this home in the last calendar year. These two young men continue to attend the local special school.  It is noteworthy that all of the families who spoke to the Evaluation Team were pleased with the progress their young people have made since they have been at the service. They report good communication with the home and, in particular, the support provided by the House Manager.  The staff team is stable and several of the same support workers who were present in 2015 have remained on the staff. The result has been a staff team who know the young men in these cottages very well and who provide a stable and consistent approach to their support. This support is reinforced by weekly team meetings where the support provided to each person is discussed and issues (such as from incident reports) are raised.  Each person has an Individual Developmental Plan (IDP) and for those who are still in school a transition plan is in the early stages of development. The IDPs tend to follow an educational model with goals focused on areas such as communication and adaptive behaviours. For those young men who have left school the IDPs are beginning to focus on vocational options and on those aspirations the men may have themselves. This is a positive progression from youth to adult life.  The main house is an older building that is in need of renovation, particularly the kitchen and lounge area. The flat is in better condition and is fenced for the safety of the person being supported in this setting.  Off the main house is a large deck area (and conservatory) that provides a pleasant outdoor space. The home looks out onto a well-developed garden area, chicken coop, pigeon cote, and pasture land. The buildings are set back from the road and have a shingle parking area that is usually full due to the intensive staffing in both cottages.  *The families and guardians associated with young men living in both the house and flat were 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**  As noted in the Executive Summary, each person has an IDP that follows the style of the school-based Individual Educational Plan. The ‘aspirations’ in these plans tend toward educational or developmental goals, although there are a few aspirations that are more focused on what the individual may want, especially as those young people who have left school explore vocational and community options. This is a positive progression in personal planning for these young people.  The plans each have four to six aspirations that are each broken down into achievable steps or SMART goals. The goals are overseen by a keyworker or the House Manager and progress is recorded as it occurs (in daily diary notes) and on a monthly basis. Review notes tend to occur with the close of the school term.  The IDPs tend to include a number of support plan goals, but otherwise records for daily support needs are located formally in the NASC review file and less formally in the communication diaries. The communication diaries are prominently displayed at the start of each person’s file. These are colourful and easily accessible information booklets that include likes and dislikes, ‘things I am good at’, ‘things I can do for myself’, ‘things I can do with supervision or physical help’, and ‘things I need someone else to do for me’. The communication diaries also contain information on ‘how to communicate with me’, ‘how I communicate’, and ‘my difficulties and how to help me overcome them’. In short, the communication diary is a support plan but with extra details where needed. More complex goals such as learning to brush teeth, choose clothes for the day or for toileting are handled in the IDPs.  The xxxx young men in the main house tend to live relatively individual lives but overall they appear to get on well together. xxxxx of the young men have one-to-one staff at home and the xxx young people who attend school have teacher aids.  The main house consists of four bedrooms, a staff room, a small lounge with adjoining kitchen, a separate dining room, two bathrooms and a quiet/activities room for getting away from people. The rooms are designed for individuals who have a tendency to be hard on fixtures and fittings. Some bedrooms are more personalised than others depending on the individual. The house has reinforced walls and the interior is painted a neutral beige colour.  The kitchen is old and has ill-fitting bench tiles that are prone to gather dirt, and the cupboards generally do not provide enough space and are in poor repair. The oven is not well cleaned and the general atmosphere of the space is one of decay. The service also reports that the space is insufficient in size to accommodate more than one or two people at a time and support is often provided from the other side of the counter. It is good to see the gates to the kitchen (see 2015 report) have been removed. The service reports plans are underway to move the kitchen to another area and to extend and modernise the living space.  The two bathrooms have showers that are a standard size but are difficult for staff to provide assistance in without getting wet (despite protective clothing) and there is poor water pressure. The lounge area is small and accommodates no more than six people. When full this space would feel cramped and crowded. In short, the home is in dire need of redesign and upgrade. Most urgent, however, is a need to redevelop and renew the kitchen and the Evaluation Team would also recommend a review of the bathrooms.  The service has residential agreements that are completed on entry to the service. Annual residential/home agreements are now needed.  One of the more notable changes since the 2015 report is the move from school to vocational options for xxxxx of the young men. The men have been exploring the wider world and the vocational options that are available to them. For example, they have attended the waka festivities and have had numerous visits to pools, local parks and shops. They have also been involved in beach clean-up activities and each is exploring other possible vocational options. This cautious approach to establishing regular vocational options is important since all of these young people are challenged by sudden changes, noise and crowds. However, there is a general view that they are ready to explore what is possible and seem to be enjoying the new experiences. For this reason, maintaining a stable home environment is important for these men as they establish new links and activities in their daily lives.  **AUTONOMY**  The young men in this home participate in daily activities as much as they are able. Saturday is the time for household cleaning and the people are supported to tidy their room and/or vacuum. The young men can participate in cooking and baking, setting and clearing the table, cleaning dishes, stacking dishwasher etc. One of the younger people particularly enjoys helping in this way.  The staff in this home have all completed the National Certificate to level 2 or been recognised as having equivalency. Training for the level 2 certificate is built into the induction programme for new staff members. Longer term staff members either were awarded the level 2 equivalent or completed the course separately. Several of the staff in this home have completed the certificate to level 3. Further, within the first three months of employment an individual is expected to complete first aid, safe handling techniques and *Team Teach* (positive behaviour support and break away techniques, de-escalation techniques and restraint). Staff who work with people with autism also complete SPELL and epilepsy, and communication training is made available to staff.  Each person has their own bedroom and there is ample space in the home and in the grounds to meet with family members privately.  All personal records are kept in a locked cupboard in the staff room (which is also locked). Central files are kept secure in a locked cabinet at the agency office.  Daily diary entries are very detailed and there appears to be insufficient space to clearly write all of the information to be shared each day. The service is considering moving to electronic record keeping and providing an online and secure reporting system for families that can include photographs. Currently the daily diary records are kept on sheets of paper in the person’s house file.  **AFFILIATION**  As well as activities in the community during the week, the young people in this home participate in swimming, visiting parks and beaches, and attending various community events. One of the evolving community participation events occurring in service generally is providing assistance in conservation activities. There is a wet area down the hill from home where there is an evolving role to assist with clean up and conservation.  **SAFEGUARDS**  Personal files include all essential personal information and details regarding next of kin, medical professionals, and immediate risks (such as allergies, epilepsy).  Some people in this home have current behaviour support plans developed by approved professionals (such as EXPLORE). The plans include the review of possible triggers, consideration of how to reduce the likelihood of an issue and methods to reduce the impact of certain behaviours (de-escalation techniques etc). We noted one behaviour support plan included situations when physical restraint may be used but a recent review by the Restraint Minimisation Committee has removed this option as no longer necessary. A review by EXPLORE is being sought to confirm this conclusion.  Medications were securely stored, and medication folders contained doctor’s prescription sheets, information on when medication reviews had occurred (up to six monthly depending on the type of medication), specimen signatures for each staff member, medication administration signing sheets and information about each medication. Controlled drugs are kept according to the Policies and Procedures; the controlled drugs register is completed each day (double signed).  The house is equipped with smoke detectors and a fire blanket. The last review of the fire equipment in the home was conducted by an external contractor on 31 January 2018. Fire drills are practised three times a year; the latest was sighted in the staff meeting minutes as being on 19 January 2018.  A hazards register was sighted and is up-to-date. Hazards, infection control, and health and safety are permanent items on the staff meeting minutes.  The policies and procedures documents generally are detailed and provide information on behaviour support, medication administration, infection control, abuse and neglect, hazard and incident reporting. The staff are made familiar with the policies and procedures during induction and orientation. The service is beginning a process of reviewing key policies on a rotating basis at staff meetings.  Incident reports are provided at the back of each person’s file if they are relevant to that person. The service provides a systematic breakdown of trends in incidents for each person and generally. Incidents are discussed at staff meetings and at management meetings.  The house is equipped with civil defence equipment and food. There are large water tanks on site that double as the emergency water supply.  **RIGHTS**  The Code of Health and Disability Services Consumers’ Rights is made available to welfare guardians and family members.  The family members indicated they understood how to make a complaint if the need arose.  The policies and procedures documents include a policy on behaviour management and restraint, but in reading the document it is more weighted towards restraint rather than positive and non-aversive approaches to behaviour support.  As indicated earlier, there has been a downward trend in the use of physical restraints in this service.  **HEALTH AND WELLNESS**  Each person has his own doctor and the xxx younger people (under the age of 18) have access to the health professionals who attend the monthly clinic (psychiatrist, paediatrician and psychologist). A dentist provides on-site dental checks and there are regular health visits as needed.  Infection control policies are in place and each staff member is made familiar with safe practices at induction and orientation. Annual reviews of infection control policies and processes occur for all staff members.  The service provides clear policies and procedures regarding abuse and neglect. These include recognition of the signs of abuse and neglect. |

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

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| 1. The service redevelops and renovates the kitchen space and promotes methods of keeping the oven and stove clean. 2. The service provides home agreements. |

## Recommendations

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| 1. The service reviews the renovation needs for this home with a particular focus on the size of the lounge area and the utility of the bathrooms (ie, the ease of use for xxxx the young men and support workers). |

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)