# Developmental Evaluation Report Summary

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

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| **Name of provider:** | IDEA |
| **Number of locations visited by region** | 1 |
| **Date visit/s completed:** | 16/03/17 |
| **Name of Developmental Evaluation Agency:** | SAMS |

## General Overview

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| The woman has been associated with IDEA Services for some time and has lived in other IDEA homes prior to living alone in the flat. The configuration of the three two-bedroom flats provides the woman with an opportunity to live on her own while continuing to have staff support nearby when required.  While the woman is independent in many areas, she benefits from staff support to manage her mental health particularly around relationships and anxiety. She receives support to carry out some household tasks yet is fully independent with her personal care. The woman is an active church member, goes on outings and dinners with friends, and enjoys regularly visiting the markets.  The woman welcomed the Evaluation Team into her home and described how she spends her week. The woman has several staff who have known her for many years. There have been a few staff changes in the last year, including the introduction of a new Service Manager. |

## 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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| 1) IDENTITY  The woman shared her file with the Evaluation Team and it was clear in the documentation that she chose not to have a personal plan. However, we spoke with her about how the staff are supporting her and she described that with assistance she has created a budget which includes saving for a holiday. In the signed document the woman states she is “happy with life”. The woman has an independent, active lifestyle where she chooses the activities, places and people she engages with.  The woman has been supported by IHC/IDEA for a long time and once lived in a group home with others. It was determined she would prefer to live on her own so shifted into a flat at XXXXXRoad. She enjoys her lifestyle and is supportive of her friend (in an adjoining flat), despite a change in the friend’s personality and behaviour.  The woman’s flat is located within walking distance of a bus stop which she uses to access some activities.  The woman works at an external day programme two days a week where she is paid wages in line with the Minimum Wage exemption. She independently engages in other activities the remainder of the week. The woman articulates her needs well and shares events which occur away from her home with her support staff.  The woman expressed satisfaction with where she lives and enjoys her independent lifestyle. The woman was pleased to talk about her involvement on the Health and Safety Committee a role she takes very seriously.  The woman’s association with her church is an important part of her life. She attends services on Sunday and occasionally socialises with members afterwards. The Evaluation Team query whether linking her with a ‘buddy’ or a non-paid person who could assist her to advocate on her behalf could further safeguard her interests. We encourage the service to explore whether someone from her church network could take a more formal role such as ‘buddy’ or similar.  2) AUTONOMY  The woman is a confident speaker/communicator, although a hearing impairment can lead to misunderstandings. The woman is clear about what she wants and most of the staff encourage her to take responsibility for decisions which affect her life.  The woman keeps her own personal diary and is familiar with her file and the information kept about her. She helps with household routines and has become more proficient as she has become more familiar through repetition, especially those related to food preparation.  The Evaluation Team gained the impression that while there is a stated desire for the staff to work as a team, demonstrating this is more difficult. It is essential for all staff to share the responsibilities of their role. We encourage the management to develop strategies which would support the development of a strong cohesive team.  The woman’s flat provides her with space for privacy. New carpet has been laid and appliances updated.  The woman’s lifestyle is similar to other community members. She participates in activities of choice, enjoys paid and volunteer work, and has networks through her church.  3) AFFILIATION  The woman enjoys activities such as working, volunteering, shopping, visiting cafés, catching up with friends and attending church. She is a keen walker and purchases a HopCard as a way to subsidise public transport.  4) SAFEGUARDS  The woman’s primary networks are people associated with her work/volunteer positions and her church activities. Maintaining friendships, particularly those with her immediate neighbours, benefits from staff support.  The woman’s file includes an Alerts and Crisis form which describes potential risks which require staff understanding. The staff work alongside the woman to help her manage situations which increase anxiety. The woman understands the importance of remaining safe and is encouraged to let the staff know her schedule. The woman confidently manages her own medication.  5) RIGHTS  The woman is familiar with her rights and has a rights poster displayed in her ‘office’ room. While recognising one’s own rights is important, respecting the rights of others continues to be an area which requires work. The staff support the woman with such issues as boundaries as these often need to be reinforced. The woman contributed to the set of ‘visitation rules’ which help remind the women of appropriate boundaries.  The woman was confident to speak to the staff if she needed to talk things through or to make a complaint.  The woman’s attributes are well recognised by the staff and any challenges are dealt with in a respectful way which teaches the woman new skills. The woman talked about how she uses breathing techniques to help her stay calm.  The philosophy of ‘least restrictive option’ is clear in the way staff support the woman to manage anxiety and her relationships with others.  6)HEALTH AND WELLNESS  The woman has various routines, such as walks which contribute to her overall physical and mental wellbeing. It is noted that over time and with good medical support the woman’s medication has been gradually reduced. This has resulted in her being more alert. Once a hearing assessment has been investigated this may improve her overall wellbeing.  The woman seems to enjoy living in her flat by comparison to her previous living arrangement. The arrangement means she can exercise her independence yet continue to receive staff support when required. The location of the flat provides the woman with a sense of security. |

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

**Requirement**

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| No Requirements in this report. |

## Recommendations

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| The service explores whether someone from her church network could take a more formal role such as ‘buddy’ or similar.  The management develops strategies which would support the development of a strong cohesive team.  The service follow-ups/revisits the hearing assessment appointment to ensure the woman has the relevant technology to aid her hearing. |

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)