# Developmental Evaluation Report Summary

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

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| **Name of provider:** | IDEA Services |
| **Number of locations visited by region** | 1 |
| **Date visit/s completed:** | 21-23 March 2017 |
| **Name of Developmental Evaluation Agency:** | SAMS |

## General Overview

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| The house is home to three people between the ages of 25 and 34. Two people live in the main house and another person has a self-contained flat at the rear of the house. The house is in close proximity to shops and is within a three-minute drive to Ashburton.  The people are supported by a team of staff who know them well and provide varying levels of support according to the people’s needs.  The people are supported to maintain connections with their family. Two of the people have family who visit regularly and who they go home to regularly as they live nearby. One person is supported to keep in touch with their family through regular emails and sending of photographs of activities they have been involved in.  Having the IDEA Services Drop-In Centre on their back-door step works very well for the people as they are able to meet up with friends there and participate in activities such as pool, games and doing puzzles. |

## 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 people living in the home all have individualised programmes and enjoy doing quite different things according to their interests and ambitions. Some of the staff who support the people also work at the Drop-In Centre and have very good connections with other staff resulting in the people being supported by staff who know them well and who support them in different settings.  All of the people have good connections with their families who will assist them with decisions about how they are to be supported by IDEA Services. All of the people have current Outcome Plans from the NASC and IDEA Services work closely with the NASC to ensure that they people are receiving the most appropriate support according to their needs and desired lifestyles. The people’s families are kept informed of what is happening for their family members by newsletters, phone calls and emails. The people are able to personalise their bedrooms and living areas. The people all have current home agreements which include the amount that they pay to IDEA Services as well as the costs that they are personally responsible for.  The people do not have paid or voluntary roles but do as much as they can to assist with the running of their home. Vehicles shared with other homes can be booked and used to assist the people to get to places, activities and events. One person has their own vehicle that is driven by support staff for them. The people have good connections with their families and are supported by their staff to maintain these connections. The people have developed friendships with other people supported by IDEA Services and often catch up with them at the Drop-In Centre or at functions such as parties and BBQs.  The staff and management are well known to the people and their families. The family members spoken to were happy with the support that their relatives receive and are included in events such as annual planning or review opportunities. There is evidence that the staff are very well connected with allied health services and will not hesitate to seek assistance should they have a concern about the health and wellbeing of the people. The people are afforded the ability to lead lifestyles that match their personalities and aspirations. The people are able to let the staff know what they want and when. One person has minimal assistance to maintain their surroundings while the other two have full support. The people are well known by the staff who support them and they are respectful of the people, using valuing and sincere language when talking or making recordings about them.    **Autonomy**  Recordings made by the staff in the house communication book and the people’s diaries are always respectful and valuing. As two of the people find it very difficult to articulate what has been happening for them, the staff will record events and activities in the people’s diaries and pass on information to families. The people are supported very well by the staff with their personal care requirements and maintain good health. There is a telephone in the house and the flat that the people are able to use. The people have access to a computer and an IPad which are often used to maintain contact with family members and to take photos of the people.  Mail sent to the people is delivered to the house and the people are assisted to read and respond as required. Recordings made by the staff in the house communication book, diaries and incident reports are accurate, clear and respectful. Informed consent is the basis for all interactions between the staff and the people. The people are assisted by their staff to lead a lifestyle that is mirrored as closely as possible to anyone else in the community. The people are encouraged and supported to maintain connections with their families and often interact with people living in other residential homes nearby. All the people are on the electoral roll.  **Affiliation**  The people’s support staff have a very good awareness of what is on in the community and will look for opportunities to assist the people to go to things like car shows and fairs. The people are supported to do their personal shopping in town and attend medical and other appointments in the community where they mix with other people. Two of the people who have regular contact with family will attend social events, go shopping and out for meals with their families. The staff at the Drop-In Centre keep an eye on what is happening in the community and will let the people know. The people are valued family members with two of the people interacting with their families as sons, uncles and aunty regularly.  **Safeguards**  Two of the people interact with their immediate family on a regular basis which includes them going to stay with them in the weekends from time to time. Family and friends are welcome to visit the people in their home at any time. The people’s support staff are all trained in non-violent crisis intervention, attend regular refreshers and have had first aid training. Specific targeted training is also provided for staff, e.g., Midazolam and Epilepsy training. Behaviour support plans are in place where required and are reviewed regularly along with associated risk management protocols and procedures.  Emergency supplies are held in the house along with information about the people. These supplies and information can be accessed easily in the event of an emergency. The people’s medication is managed very well with a process for administration and incidents related to medication in place. Hazards around the house have been identified and recorded. A robust incident reporting process is in place and regular fire drills are held and recorded.  **Rights**  The families of the people would typically be the ones to raise an issue or concern with staff on behalf of their family member if they had to. Families would approach staff or ask to speak with the Service or Area Manager. The family members spoken to were aware of the complaints process. The Service Manager has regular email contact with the family, informing of any upcoming medical appointments. The staff know the people well and support them in a way that promotes a positive image of them. Supportive and respectful support practices and recordings were evident to the Evaluation Team. The language used by the staff is respectful and non-judgemental. The staff have a good understanding of the people’s challenges with support provided in a manner that enables them to do as much as they can for themselves. The people’s families often act as advocates for them.  **Health and Wellness**  The staff are very aware of the health support needs of the people in the house and will contact GP’s and/or allied health professionals should they become concerned about one of the people or if a person expresses their own concern about their health. The people have their own dentists, doctors and pharmacists, some being assisted by family members to attend appointments. The house has appropriate civil defence emergency supplies in addition to specific supplies that the people may need in the event of an emergency, e.g., medication.  The staff have received neglect and abuse training and are able to recognise any signs of this happening for the people. Family members will alert the staff if they are concerned about any potential neglect or abuse. The people are assisted to manage their finances if they don’t have family to do this for them and the staff follow a robust set of policies and procedures when doing so. The people are provided with a safe and secure environment to live in. The house is locked at all times when no one is home and there are fences with locked gates surrounding the property. |

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

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## Recommendations

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| Nil |

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)