# 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:** | 9 December 2015 |
| **Name of Developmental Evaluation Agency:** | Standards and Monitoring Services |

## General Overview

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| IDEA Service’s philosophy supports a person-centred approach and promotes a flexible and individualised lifestyle. The service is encouraged to think of ways for the six people who share the home to continue to have control and choice in their lives, despite their changing health needs. We heard about some ways in which the staff encourage this such as people choosing what to have for dinner on the day and two people were observed choosing to move away from activities in the home when they had had enough. Three further areas for development have been noted:• updating the Evacuation Plan from the home• completion of individual home agreements in line with the contract• a reassessment for one person regarding their needs.We were shown a bathroom in the home that is reported to no longer meet the needs of the six people who share the home. We understand modifications were approved within the current budget in April of this year; however, the renovation has not progressed. The Evaluation Team recommends this be followed up to ensure work can commence for the people who are currently sharing one bathroom.The Evaluation Team spoke with two of the people sharing the home and three family members; they expressed a high level of satisfaction with the service being provided. The staff have worked, and continue to work, hard at maintaining and strengthening family relationships. The families interviewed are pleased with the level and regularity of the communication they receive. |

## 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 and their families are engaged with the personal plans and pleased with the outcomes being achieved.The people were described as having high support needs and the staff also indicated more support is required for the person due to declining health. We recommend a reassessment be sought with the local needs assessment service. Home Agreements are not in place, in line with the Service Specifications 5.5, the agreements are required to be completed.**AUTONOMY**The people are involved in household tasks as part of the running of their home. It was good to hear about the people being encouraged to have flexibility in their day; however, we observed the people being ready to go to bed very early, prior to 4pm, and this was reflected in the household routines indicating some people go to bed as early as 6pm. The Evaluation Team was advised this is what the people choose to do. We recommend the staff discuss and implement a plan to engage with the people in the evening including presenting activities individuals enjoy after dinner.There were long, extended periods of continuous staffing in the roster however, the service is aiming to adapt rosters to meet best scheduling practices for shared services next year. The service has advised it will be reviewing the staffing level in the house to ensure that people are scheduled to work to meet the needs of the people and once this is achieved, house routines will be altered to accommodate this. A bathroom modification is reported to have been approved; however, no progress has been made. We were told as the home currently has six people living there access to showering and toilet facilities can be difficult to manage. We recommend follow up on the progress and status of the renovation.  **AFFILIATION**We learnt about the positive relationships with the neighbours in the street and the people enjoy community based outings when they are well.**SAFEGUARDS**Risk assessments and mental health wellness plans are in place.All bedrooms but one have access to the garden. We were shown a copy of the current Evacuation Plan which indicates the need for the staff to directly support the people individually to exit the home. We discussed the ability of the staff to conduct an effective and timely evacuation, particularly during the periods of single staffing. We strongly recommend the staff discuss what else may be needed for them to have confidence in supporting all the people to successfully exit the home in case of a fire. The service plans to make contact with the IDEA Service Health and Safety Manager to discuss this further. **RIGHTS**We were told people’s rights are also discussed at the regular house meetings and at any time a person raises it.We sighted the plain language version of the complaints process along with visuals that can be used by the people when raising a complaint. The families interviewed told us they would approach a member of the current staff team if they had any concerns.**HEALTH AND WELLNESS**Medical reviews are held regularly and the staff commented the Mental Health Wellness Plans they refer to are *great and practical*. The medical support teams, both community and specialists, have been responsive to the people’s changing health. We heard of regular ongoing input from physiotherapists, occupational therapists and speech language therapists. |

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

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| One requirement was identified and relates to the completion of Home Agreements for each individual living in the home. |

## Recommendations

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| The service seek a reassessment for one person living in the home Review the statistical reports and develop individual schedules in line with service philosophy. Explore activity choices for the people in the early evening.Follow up progress on bathroom modifications.Review the current Evacuation Plan and update as necessary. |

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)