# 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:** | 19/09/17 |
| **Name of Developmental Evaluation Agency:** | SAMS |

## General Overview

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| The people living in this home have been associated with IDEA Services for some time, having lived in another IDEA home prior to shifting into the current home. The home is one of three located on a street corner, providing a shared carpark and courtyard. A unique aspect of the service is that wake staff monitor all three services over night.  The independence of the people varies with some requiring full support, while others benefit from verbal prompts. The people participate in some household tasks associated with the running of the home. Three of the people attend an IDEA day base with one person having 1:1 support for two days a week. The fourth person accesses activities from the home during the week with 1:1 support. |

## 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 Evaluation Team viewed the personal plans in three people’s files (one person decline to have a plan). The plans were current and expressed goals which reflected the people’s interests. The 3-monthly and 6-monthly reviews highlight goals that have been worked on.  While there seemed to be a desire for the staff team to work in a cohesive manner, there were challenges to fully realise this objective. The management are endeavouring to implement team building strategies so the people and their families experience a cohesive team.  It appears that prior to the current management some processes were not consistently followed, eg, *Change of Living Situation Process*. This has led to a discrepancy between what families expected and what eventuated, leading to a mistrust of management’s motives. We are encouraged by the vigilance of the current management to ensure processes are followed. There are moves by management to rebuild the relationship with the families. It is anticipated more careful oversight will increase the degree of compatibility between the people.  One person has clear mealtime routines and there was evidence to indicate that these may need to be followed more closely or revised to ensure they are applicable to the person. By revisiting the plan developed in 2013 by the Behaviour Support Team and the family may provide the staff with necessary guidance. It is suggested the service clarify the use of behaviour support strategies so they are consistently used by all staff.  The configuration of the staff roster provides the people with double staffing during awake hours with wake night staff based in the home. This staff member also monitors activity in the other two homes during the night.  Appropriate environmental restraint processes have been established to keep one person safe from the busy roadway and railway track. Additional processes required for another person are yet to be formally developed and documented in the person’s file. The service needs to ensure environmental restraint processes are followed and appropriately documented.  The home is one of three on a corner section owned by IDEA. It is in close proximity to an IDEA day base and the town centre. The people who participate in different day programmes use agency vehicles to access these programmes.  Three people attend different IDEA day programmes according to their interests. One person splits their week by attending a nearby day programme several days a week and by accessing activities with 1:1 support from their home the remaining day. One person has 1:1 support five days a week where they access activities from their home.  The organisation has specific channels of communication; however, the Evaluation Team agrees with the families interviewed that this is an area which requires significant improvement. There have been changes to the staffing structure and while information about the changes may have been available, the clarity surrounding these changes requires further attention.  It is understood the desired level of contact preferred by each family can vary in frequency, method and content. This can cause confusion amongst staff, particularly if there are a number of different staff members. By discussing with each family their desired level of contact and following through on it will provide the families with the right amount of contact they desire. As this is likely to change depending on circumstances, revisiting the level with families is likely to ensure satisfaction. We believe this is a crucial element to rebuilding a trusting relationship between the families and the organisation.  There are mixed views about whether the people are enjoying a lifestyle of their choosing. While we heard about some people’s individual accomplishments, we also gained the impression their changing needs may require further exploration.  Despite the lapses in communication at a management level in the past, we gained the impression the people and the families held the hand-on-staff in high regard. The staff treat the people with dignity and the interactions observed between them and the people are respectful, thoughtful and considerate of their needs. While some of the people are entering phases of their lives which focus on maintaining skills, we believe the staff continue to hold the optimistic dreams for their future.  2) AUTONOMY  The ability of the people to express themselves varies. Most benefit from the use of simple, clear spoken language and at least two people benefit from the use of visual communication strategies. The people make basic decisions about their life, eg, what to eat, activities to pursue, programmes to watch on TV, etc.  The women assist with some household tasks, such as folding and sorting washing, vacuuming and simple meal preparations. They plan their menus and go shopping for groceries. The people require significant prompting and or assistance to carry out personal care routines. We were advised that for two of the people maintaining skills is a focus of staff input, while the two younger people are being supported to develop additional skills.  There are nine staff who fill the roster with at least four staff members also working in an adjoining home. Because there is double staffing, the number of staff means it can sometimes be difficult to maintain consistency. We were advised that more recently the staff hours have been consolidated so fewer staff are working more consistent hours. Familiarity with this routine appears to be beneficial especially for the people who are supported 1:1.  The four-bedroom home provides each person with their own bedroom for privacy. We were advised that because one person is less tolerant of people they do not know, this can make it difficult for the home to have visitors. This is especially difficult as some bedrooms are too small to entertain family or friends. We were advised respecting each other’s privacy is a concept that some of the people are yet to understand which means that maintaining privacy can be a challenge. We observed the constructive efforts of the staff to support those individuals who are yet to fully understand the importance of privacy.  The people experience some lifestyle patterns similar to other community members. They attend day programmes, visit cafés, use community facilities, attend church, go on holidays and socialise with their peers.  3) AFFILIATION  The people enjoy shopping, spending time in parks, attending church, visiting the library, using public transport with support, viewing art exhibitions and one person helps with meals-on-wheels. One person has 1:1 support for two days a week and another person has 1:1 support daily which enables them to access community activities on an individual basis. Most of the people have strong family networks so interact with the community during family visits. The people have regular visits to their doctor and dentist and access to audiologists, optometrists, rheumatologists and podiatrists.  4) SAFEGUARDS  The people’s main networks are their families. One person has a volunteer who keeps them linked to their church group and another taps into networks associated with meals-on-wheels. The people are known to their immediate neighbours as they are also supported by IDEA Services.  The three files viewed all contained an *Alert and Crisis* form which describes potential risks that staff need to understand. There are a number of risks related to the people being aware of dangers in the environment, reducing anxiety, coping with seizure activity and self-harm, and managing appropriate food intake.  The staff training records provided indicate that the staff participate in numerous training opportunities which enable them to effectively support the people. The staff all participate in training about how to support people using positive strategies. Restraint Minimisation is a course most of the staff have completed.  5) RIGHTS  The staff support the people to maintain contact with their families and as circumstances have changed for some families, alternative arrangements have been made.  The people’s rights are recognised, and information is reinforced through brochures and publications.  While the families interviewed have had difficulty raising concerns in the past, the new management are keen to improve the relationship with families so they can feel confident any concerns will be addressed.  The staff are sensitive to the individual character of each person and for the most part interactions reflect this. The Evaluation Team was particularly impressed with the way in which one staff member gently guided the person they were supporting through a ‘tough situation’. The use of constructive, positive strategies appears to be well practiced.  The philosophy of ‘least restrictive option’ is clear in the way the staff support the people to stay safe despite the need for some environmental safeguards.  6)HEALTH AND WELLNESS  The people are supported to maintain good health by eating healthy foods and undertaking light exercise. The service works closely with the local Needs Assessment and Service Coordination (NASC) agency to ensure people’s needs are being met.  It is believed that the people have learned to appreciate each other’s contributions and tolerate their challenges. |

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

**Requirement**

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| The service needs to ensure environmental restraint processes are followed and appropriately documented.  The Management discusses with each family their desired level of contact and ensures follow-through occurs. |

## Recommendations

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| The management implement team building strategies so the people and their families experience a cohesive team.  The management to ensure correct processes are followed.  It is suggested the service clarify the use of behaviour support strategies so they are consistently used by all staff. |

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)