**Developmental Evaluation Report Summary – IDEA Southern Region**

**At midpoint of certification cycle for community residential services – sensory, intellectual and physical disability**

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| **Name of provider:** | IDEA Services (Southern) | |
| **No of houses visited and location** | 5 | Xxxxx  Xxxxx  Xxxxx  Xxxxx  xxxxx |
| **Date visit/s completed:** | All house visits occurred between the 9 July and the 28 January 2020 | |
| **Date report finalised:** | DRAFT emailed on 18 February 2020  Report finalised on 21 February 2020 | |
| **Name of Developmental Evaluation Agency:** | SAMS (Standards and Monitoring Services) | |

**Methodology:**

Individual service (house) reports were completed by a range of SAMS Evaluators using a standardised Developmental Evaluation process and evaluation framework.

The SAMS Developmental Evaluation approach primarily uses qualitative methods and a partnership model.

The methodology is consistent with:

* individualised focus
* partnership
* inclusion
* equity.

The approach enables both a process and outcome focus allowing the Evaluation Team to equitably represent the different views of defined groups and compare the outcomes for the differing groups.

Evaluations are conducted by teams and normally each team includes at least one consumer or family member as a full team member. Team leaders and team members receive comprehensive training.

Information can be gathered through:

* observation
* individual and group face-to-face interviews
* telephone interviews
* review of protocols and procedures.

Before departing a service, initial feedback is presented to those involved in the evaluation process. A draft report is prepared on the basis of evaluation team consensus and circulated. This draft is then negotiated with the provider to determine a final document, including recommendations for development.

Individual service (house) reports were then collated to identify themes. The primary method of analysis involved two senior SAMS Evaluators reading all of the reports for each region, summarising the key areas against the checklist specifications and providing a count of broad categories for each recommendation. The themes, drawn from the finalised individual service (house) reports, are the basis for this report.

Once summarised, the two overview reports were then read by an independent person for clarity and balance.

**General Overview:**

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| **Introduction**  At the time of the certification process by the DAA Group in May 2018 IDEA was assessed as Northern and Southern Regions separately. Currently IDEA is divided between four regions including: Northern (Auckland and the north), Central (Waikato, Hamilton, Gisborne, Rotorua, Tauranga, Hawkes Bay), Mid-Central (Wellington, Hutt Valley, Mana and Kapiti, Waiarapa, Taranaki, Whanganui, Manawatu, Horowhenua) and Southern (all of the South Island).  The Northern Region Midpoint report took into account all districts north of Wellington/Hutt Valley and the Southern report all of the South Island and Wellington/Hutt (according to the original geographic regions at the time of the DAA Certification Audit).  Five homes represented the sample group, identified by the Ministry of Health, for this Midpoint review of IDEA Southern region. There were xx residents in these homes aged between xxx and xxx years old. There were xx women and xx men. xxx people identified as Māori, xx as NZ Pakeha/European and xxx people as a different ethnicity.  All of the properties in this summary were single residential addresses for xxx or more people. The maximum number of beds was one home for six people and one property with a house of four and two flats (one person in each). Two of the homes included a house and separate flat.  The five properties were situated from Wellington south to include the South Island. As well as these properties, SAMS visited seven more homes and four flats with less than five occupants/beds. These homes are not summarised with this report.  **Southern Region Correction Action Report**  There were two “Corrective Actions” previously agreed between IDEA Southern and their Designated Audit Agency (these are formally summarised at the end of this report).   1. The first corrective finding made the following statement:   The personal support information document evidenced a mix of the sections missing for cultural needs, spiritual needs and intimate relationships. Where the sections were included, they were often blank or had inadequate comments entered.  The corrective action states:  All sections in the personal support information template are completed and the entries are appropriate (PA Low, due 17th January 2019, Criterion 1.3.4.2).  IDEA has put in place an online system (Iplanit) with details for each person (My Support) that include a clearly marked section entitled ‘spiritual/cultural’. All files reviewed under this heading provided detailed spiritual and cultural information relevant to each person. This included information related to both ethnic cultures and religions and family or personal cultural details, beliefs and practices.  SAMS is satisfied the service has responded positively to the corrective action and **no further actions were indicated.**   1. The second corrective finding states:   Not all aspects of medication management meet requirements in relation to accuracy of medication orders and records, expiry labelling of eye drops/ointments and documenting allergies/alerts or nil allergies known.  The corrective action states:  Ensure all aspects of the medication management system are implemented safely and meet requirements (PA Low, due 2nd January 2019, criterion 1.3.12.1).  As well as responses to the DAA Group by the 2nd of January 2019, SAMS reviewed the medication processes in all houses visited with regard to the corrective action.  In all homes the services met the criteria stressed in the correction action and **no further actions were indicated** (see the final sections of this report for more detail).  **Overview of the five evaluation reports**  There was a generally positive thrust to the evaluation reports for the five homes involved in this summary report. The report writers indicated that the Evaluation Teams interviewed family representatives for the majority of the people living in the five homes (20 separate interviews) and also interviewed 12 support workers, four service managers or acting service managers, four vocational support managers or staff and the area managers from each IDEA region involved in these reviews. They also met with and visited nearly all of the people living in these homes.  Each report writer was asked to provide a statement about how satisfied the families and the people living in each setting were with the service they received. In the majority of cases the participants (who were able) indicated moderate to high levels of satisfaction dependent on the home being reviewed. In some cases, there were some issues raised by the families or the people in the home that may or may not have be relevant to others (in the same setting) and this may have lowered the overview sense of satisfaction. In many of these cases, satisfaction was connected with the degree of communication experienced with the service.  Personal planning, support plans, daily diary notes and other documentation have recently moved to an online system and this appears to have been successful. In a similar way the service is providing orientation and basic training for staff using an online system. The main difficulty for staff is learning to use the new technology. The service, however, is working hard to assist with any problems staff may be experiencing and is open to suggestions. Another positive development is a proposal for the service to provide a portal for family members and the people living in the homes to have easy access to progress reviews, posted photographs (with appropriate permissions) and other information that can be easily and appropriately made available.  Personal planning in Southern Region focuses reasonably well on individual aspirations and interests rather than simply turning over old goals or recording goals or activities people are doing as a matter of course. This is always an area that is difficult for personnel to understand and constant review and training around personal planning is needed. Responsibility for personal planning now sits with the Service Managers and those working in the areas SAMS visited did appear to have a good understanding and were on top of the planning process. The new online system has produced some teething problems in some places as some staff do not know where to write progress notes for personal planning goals and are simply listing them with the general daily diary entries. It was pleasing to note the Service Managers are working with staff to understand where to present different types of daily notes.  The staff teams in the south appear to reasonably stable and cohesive with some long-term staff members working alongside new people. In a couple of homes newer teams do appear to be stable at the current time. Orientation of new staff is provided whenever they begin work in a new home and it appears the people living in the settings are able to indicate their preferences about potentially new staff members during this period of orientation.  Staffing levels in some homes have been indicated to be an issue, especially as people living in these settings are aging and have changing health needs. Some areas report good relationships with the local area Needs Assessment and Service Coordination (NASC) agencies, while others appear to have a frustrating relationship. The result seems to indicate that some homes are simply ‘treading water’ with regard to everyday supports and cannot easily provide for those aspects of support that extend the quality of life of individuals (such as meaningful, and where possible, individualised activities, community participation and interaction).  In general, the homes have a mix of people that work for them, although it is noted that those who are not fitting in well are being assisted to move to a setting more suited to what they want.  The homes themselves are personalised and generally fit for purpose. They are located in residential neighbourhoods and appear to be well integrated with the local community (including neighbours). There were some repair issues noted in the reports that seem to be a theme throughout the country at the present time.  **Results from the SAMS Developmental Evaluation**  The five reports produced four requirements against the contractual Service Specifications and Health and Safety Sector Standards represented in the SAMS checklist. The four requirements, like the corrective actions from the DAA Group Certification process, are listed according to risk (low, moderate, high and critical) and set to time frames and evidence requirements. The requirements are each related to a residential address rather than the entire service.  The requirements were generally house specific and included two that indicated concern that staffing levels were not sufficient to provide for individualised or community-based activities for people in two homes. One more was concerned with maintenance requirements (that represented a potential health risk). The final requirement related to the timely review of medications.  As well as the four requirements, a total of eight recommendations were made that focused on the ‘developmental’ aspect of SAMS reviews. Two of the recommendations related to reintroducing or improving house meetings and three involved building renovations. The remaining recommendations related to improving communication and working in partnership with families, ideas for staff training such as reflective practice and some developmental ideas concerned with personal planning.  **Areas of Strength**   * Generally positive levels of satisfaction reported by families/whānau and the people living in the homes. * Good indications that the people in each home are compatible and live comfortably with one another, or individuals were being assisted to move homes when they were not settled. * Personal planning is at a moderate to high standard with some understanding that personal aspirations and interests form the focus of goals. * Overall there is good communication with families/whānau. * Vocational activities vary between individuals, homes and areas. Meaningful involvement in work (paid or voluntary) or educational activities was relatively high for this small group of homes (30 percent). * People are involved in the day to day running of their homes as much as possible. * There appears to be good core training for staff, including promoting completion of the New Zealand Certificate to at least level 2. * The service is responding to the cultural and spiritual needs of each person in a variety of ways. * The service is developing record keeping further through new online systems such as ‘Iplanit’ and ‘MySupport’. * Daily diary notes and staff meeting minutes provide good detail although the staff are still coming to grips with all the different places to list information with the new online system.   **Areas of Suggested Development**   * There appear to be some situations where staff resources are stretched particularly as age and health related changes occur for individuals. This will need continued positive advocacy to improve supports through the local area NASCs. * There were some maintenance issues in some homes. * There were suggestions for improved communication with families/whānau and partnership approaches in one report. * Some reports suggested re-introducing or promoting house meetings, attendance at self-advocacy groups and related forums. * One report suggested vigilance around medication reviews. * There were some suggestions concerned with personal planning in one report. * One report suggested staff development training such as reflective practice. |

**Quality of Life Domains**

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| 1. **Identity**     **People choose and realise personal goals**  Personal planning is going through a transition period in IDEA services as new online facilities are being completed for My Support (the system is called ‘Iplanit’). The service no longer employs Outcome Facilitators to monitor personal planning and has reduced the number of homes Service Managers are responsible for as a means of assisting them to be more involved in processes such as personal planning.  Most of the personal plans that were reviewed included aspirations set out as achievable steps (or goals) set to timeframes and included the person(s) responsible for overseeing each goal. The new system makes space for three monthly reviews of personal planning goals that are immediately available to managers. IDEA is continually reviewing the structure of Iplanit and has been considering comments from Evaluation Teams regarding layout options. Pencil and paper versions in a variety of accessible formats for each person would also be welcomed by many people.  Only one report writer did not believe the content of goals was sufficiently individualised, unique or progressive and recommended methods for improvements.  The Iplanit system provides support plans for individuals that were up-to-date and relevant to each person’s support needs. It has headings that include interests and hobbies, likes and dislikes, cultural/spiritual support, communication, and other support need.  The staff teams appeared to be relatively stable across all five of the homes, although this stability was new to two of the homes. There were opportunities for all of the teams to meet together and there appeared to be a good sense of team cohesion.  **People choose services**  The five houses involved associations with three distinct Needs Assessment and Service Coordination (NASC) agencies. IDEA’s relationship with each varied, especially where the service made legitimate claims to review funding levels due to the changing needs of an individual, typically age-related and/or health changes. For example, one report writer noted:  **Related Extract**  “The service reports a turbulent relationship with the local NASC and is frustrated by continual refusals to increase support levels for some people. With an aging population in these homes people are becoming less physically able, require increased supervision and some have signs of dementia.”  **People choose where and with whom they live**  There was generally a good sense of compatibility between the people living in each setting. There may always be tensions between people when a number of people live in one setting and have support workers coming and going.  In two homes a new arrival did not settle well with the home and both were in the process of negotiating a move out and closer to family. It was noted that the services did try to make efforts to introduce potential new housemates and gave all parties opportunities to assess compatibility (though meals together, overnight visits etc).  **Related Extracts**  “The Evaluation Team heard the people sometimes have compatibility issues but are generally happy and settled in the home. We observed positive interactions between the people and genuine care and support of one another which indicated they know and understand each other well”.  The majority of the homes were comfortable, warm and well maintained but there was one requirement concerning an unfinished bathroom and two recommendations that focused on general décor issues.  The report writers did note that all homes were personalised, especially in private bedroom spaces, but also in living areas. Items such as works of art and photographs were prominent in the living spaces.  **People choose their place of work/day service**  IDEA Services is currently restructuring its vocational services throughout New Zealand. Existing vocational day bases tend to run along traditional lines with staffing levels of up to one to seven. One area in the South Island no longer supports any day bases and everyone is supported from home. In the one example of this system operating, two staff members were on duty for six people during the weekday hours. They were observed to share the responsibility of supervising people at home and taking one or two people out (almost on a rotating basis). To achieve this successfully, a vehicle needed to be available most of the time. In some cases, this can include staff cars but not all staff are willing for this to happen. Service vehicles are typically shared between two homes in IDEA services.  Those people who did have services arranged from home tended to have the best opportunity for individualised interaction with a staff member. In some cases, family members or volunteers were involved with certain activities. However, for the majority who continued to attend vocational centres (day bases), the range of activities may seem larger but were more likely to be group based. One exception was noted by one report writer (see extract below). These are issues IDEA is attempting to tackle in its review of vocational services.  **Related Extracts**  *“*All xxx of the people attend the IDEA Service Vocational Day Base at X which is located close by. They all have an individualised programme of activities which involve community participation and therapies. One man does a paper run for a local newspaper, volunteers in a garden centre and plays indoor bowls. Another man has hours allocated for 1:1 support for his day programme. xxx of the people attend *XX Institute of Technology* and are doing *Care for Animals* and *Literacy* courses.  Thirty percent of the people in the five homes reviewed were either involved in some type of work (paid or otherwise) for some hours each week or were involved in educational work (courses etc).  **People have friends**  There is a general trend in the homes reviewed for staff and families to assist the people to keep in contact with friends, especially within IDEA services but also outside of this community. There were examples of people scheduling activities with friends in each other’s homes or cafes, the local pub, at Special Olympics or RDA, or at places such as parks for picnics and so on.  **People have intimate relationships**  There were examples of people being assisted to maintain or even establish a relationship. IDEA Services maintains:   1. the rights of people to have consensual relationships which is part of basic training (accessed by everyone), and 2. a Relationships & Sexuality Policy for supporting people.   **People are satisfied with services**  In general the families report good communication with residential support workers and Service Managers. There were a few situations where communication was viewed to be lacking by family members or the report writers observed that the family members were not up-to-date with events in the lives of the person being supported. Checking with families about how much communication they desire and talking through any confusion may be useful.  It has been noted that IDEA has made some effort to secure volunteers for people in some branch areas. One team noted the following:  **Related Extracts**  *“*We commend the role of the Volunteer Coordinator in the service who has found Volunteers for five of the people in the home and we understand is in the process of finding a Volunteer for the sixth person. It was positive to see the involvement of Volunteers and the genuine relationships that have been established. One person had been a Volunteer for one of the women for over ten years and is a great advocate and support person. We heard about the many activities and events they have been to together.*”*  There were indications that some homes were running house meetings although these were intermittent and tended to depend on the availability of an independent facilitator. Independent facilitators are important to these meetings and the teams were supportive of getting the meetings back on a more regular footing. It was noted in two reports that individuals may be interested in participating in *People First* meetings but were either unable to attend or *People First* were not operating in the area. In the latter case it was suggested that *People First* could be invited to introduce itself to local people.  **People are satisfied with their personal life situations**  The people living in each home tended to appreciate their living environments and their support workers. People were observed to move around their homes with a sense of being comfortable with their living situation and with a sense of ownership. Most people were proud to show the Evaluation Teams around their home. They were also observed to interact freely and positively with their support workers and their Service Managers when they visited. They were observed to be treated with dignity and respect, and this was also evident in written documentation.  Only two people identified as Māori in the five houses under review. However, both of these people had active involvement with their culture through their whānau and through cultural activities in the branch. Kapa Haka appeared to be very popular and many of the people had been involved in Kapa Haka competitions. IDEA Services employs a balance of staff from difference cultural communities.  A number of people from various homes also attend church services or meetings and are actively supported by the service. Cultural and spiritual needs and values are carefully recorded in the online personal files for each person.  There were no concerns in any of the reports relating to financial or money management. It was either the case that IDEA supported individuals to manage their own money or a family member/advocate/guardian took the bulk of the responsibility. IDEA Services has robust money management systems for individuals.   1. **Autonomy**     **People make decisions about their daily routine**  The Evaluation Reports indicated that people are encouraged to participate in the routines of the homes as much as they are able. They were involved in a variety of household duties typically based on their preferences and ability. However, most reports (within one notable exception) reported the staff tended to take responsibility for meal preparation.  Food preferences are known to staff and recorded in ‘My Support’ (likes and dislikes). People can be involved in menu selection where possible and many take turns to participate in weekly shopping. Only a few of the people in these five homes had a special diet and these were typically at the request of family members rather than necessarily prescribed. In these situations, the service was respectful of family wishes and where necessary IDEA Services has the assistance of dietitians and other health professionals. Meals are recorded in staff communication books and for the most part appear to be balanced.  Turnover of staff figures across the five homes varied from zero to 100 percent. Two of the homes with 80 percent turnover are running homes for five people with increasing support needs (both health and behaviour) with just one staff member on duty. It is noteworthy, however, that despite the apparent turnover in the last calendar year all of the teams appear to be currently stable.  Not all homes appeared to have sufficient staff. For example one report noted:  **Related Extracts**  *“*The home has one staff member on duty for the five men when they are home (not including vocational hours). Some of the men in the home have increasing supervision requirements especially in relation to health and safety. To date the NASC has not increased the funding allocation for any of the men in this home.*”*  The majority of staff in all five homes had staff who had completed at least level 2 of the New Zealand Certificate or had equivalence (range 80 to 100%).  **People have time, opportunity and space for privacy**  All of the people in these homes have their own bedroom and have sufficient time and space for privacy.  The homes were typically spacious and provided the people with areas where they could meet with family or friends privately. Most homes also had outdoors spaces where people could entertain or find some privacy away from other people.  **People decide when to share personal information**  All personal information is securely stored, and the staff were diligent in respecting each person’s privacy. Online systems are password protected and log-ons can be monitored by managers. Individuals can have access to their own information if they request access.  **People live in integrated environments**  All of the homes involved in this review were in typical neighbourhoods and had access to local shopping centres and services. Most of the people enjoyed the rhythms of life similar to other people in the community but with reduced opportunities for individualised activities or even general involvement in the community.   1. **Affiliation**     **People participate in the life of the community and interact with members of the community**  The report writers indicated that people had access to the community either “sometimes” or “mostly” (in a scale from ‘always’, ‘mostly’, ‘sometimes’, ‘occasionally’ and ‘never’). Reduced access was indicative of staff availability and the ability of certain individuals to interact successfully or even safely with members of the public. In the three homes with greater community participation a range of activities were noted, including mainstream employment or education, visits to shops, cinemas, cafes, restaurants, bars/clubs, sporting activities (including watching sports), swimming pools, libraries, churches, and various hobbies. People frequently visited parks and took walks in the community and some people enjoyed memberships with clubs (such as cycling). Community participation involved active rather than passive participation in many cases.    There were some situations where people had access to a volunteer who was able to do things with them, either at home or in the community, and some had access to family/whānau who could likewise assist with community participation.  The report writers indicated that people had access to medical professionals and community services such as hairdressers, podiatry, physiotherapy and had linked with allied associations/services in the past such as Behaviour Support Services**.**  **People perform different social roles**  The people in these homes were involved in a number of socially valued activities and filled socially valued roles. These included such things as being a valued member of their own family/whānau, hapu and iwi, having work roles, being a volunteer, participating in sporting events, and having membership in a group such as a church congregation, or club, being involved in activities/competitions such as Kapa Haka and IHC Art Awards, and being a valued friend.   1. **Safeguards**     **People are connected to natural support networks**  The majority of reports indicated that families/whānau were welcome to visit the home whenever they chose and were comfortable in doing so. Some homes actively organised gatherings for families and friends (such as birthdays and Christmas), and attempted to support individuals visiting family where family members were less able to visit them.  **People are safe**  Personal files in IDEA Services follow a clear format beginning with personal contact details and next of kin, alerts/risks (including allergies), behaviour support, informed consent, home agreements, personal plans, correspondence and incident reports. The online files include much the same information but itemises sections such as support with decisions, advocacy, managing risk, support plan goals, personal plans, dreams and wishes, interests/hobbies and memberships, cultural and spirituality, likes and dislikes, personal history and communication.  Behaviour support plans were in place as required, or the service was actively seeking behaviour support where needed.  Medication procedures in IDEA Services are clear and medication files contain:   * photo * blister packed medications * doctor’s prescription sheets * medication reviews * medication alerts and allergies noted * staff signature register * PRN protocols and signing sheets * medication specific information (including side effects, interactions etc) * medication transport arrangement information * Health Passport.   A guideline which accompanies each folder states:   * Right person * Right medication * Right dose * Right route * Right time.   One report indicated delays in having medication reviews completed recently although none of the drugs involve psychotropic medications and there were no risks indicated.  The Evaluation Teams indicated that staff had training in medication competency and this was revisited annually. They also noted the service had induction and orientation training for all new staff that included a review of IDEA philosophy and vision, the rights of disabled people, roles and responsibilities, Te Whare Tapa Wha, Te Tiriti o Waitangi, health and safety, infection control, record keeping and reporting, emergency procedures, vehicle safety and crisis procedures. Some homes also provided behaviour support training, or specific training in such as areas as use of PEGs, MAPA (managing actual and potential aggression), safe eating, Autism, and Syndrome specific training. The majority of staff had completed first aid training.  The teams also variously sighted:   * Hazard recording sheets * Incident reports * Fire drills * Fire safety checks by external providers * Emergency evacuation information * On-call phone numbers * Civil defence supplies.      1. **Rights**   IDEA Services have comprehensive policies and procedures that outline the philosophy and values of the organisation, and individual rights.  **People exercise rights**  There are numerous publications and posters displayed around IDEA Branches and in homes which promote the *Code of Health and Disability Services Consumers’ Rights*. The *Home Understanding* further reiterates individual rights, and families and the people living in the homes generally believed they could raise issues or concerns.  Complaints procedures were easily accessible to both families and the people living in the homes.  **People are respected and treated fairly**  As indicated in earlier sections, the Evaluation Team believe the people in these homes were treated with dignity and respect by support workers and managers.  IDEA Services has comprehensive policies and procedures related to least restrictive alternatives and positive behaviour support.  IDEA Services has been reviewing policies relating to restraint and restrictive practices. There are distinctions between restraints and enablers in policies and procedures and definitions of the various types of restraint. IDEA has protocols for the use of restraints. Typical examples were evident in some homes with locked gates to keep people safely within a supervised area. Protocols were in place for these examples with reviews noted at regular intervals and at staff meetings.   1. **Health and Wellness**     **People have the best possible health**  As indicated in previous sections, the evaluation reports indicated that people had access to their own doctors, dentists, and other health professionals (podiatry, psychiatric and behaviour support services, physiotherapy, dietitians, occupational therapy, specialist support etc). IDEA provides annual health reviews and these include medical screening processes where these are appropriate.  **People are free from abuse and neglect**  IDEA Services has abuse and neglect policies that are required to be read and acknowledged by all support workers. These policies include recognition of various types of abuse and neglect and the processes involved in reporting actual or suspected cases. There are also processes for handling disclosures. IDEA Services has a zero-tolerance policy with regard to abuse.    **People experience continuity and security**  Personal property inventories are completed for each person and, in most cases, these appear to be up-to-date.  All homes appear safe and security did not appear to be an issue.  There are clear distinctions between governance and management within IDEA Services. |
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**Progress on meeting Corrective Actions:**

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| **Corrective Action 1:**  The personal support information document evidenced a mix of the sections missing for cultural needs, spiritual needs and intimate relationships. Where the sections were included, they were often blank or had inadequate comments entered.  **Required Action:**  All sections in the personal support information template are completed and the entries are appropriate.  Criterion 1.3.4.2 PA Low Due date: 17th January 2019  **Progress:**  SAMS was not privy to the checking conducted by the DAA Group for the due date of 17th January 2019. We base this review solely on the observations made in the homes reviewed.  **Evidence:**  The ‘Corrective Action’ relating to recording cultural and spiritual needs has been checked in all five homes with the outcome being that the homes have met the verified standard.  IDEA has provided all relevant information for each person in each home in their personal ‘My Support’ information provided in their online file (‘Iplanit’). This information is detailed and takes into account spiritual and religious beliefs and personal, family and ethic cultural considerations.  **Further Actions:**  Based on the records provided for each person in each of the five homes visited, no further actions are required.  **Corrective Action 2:**  Not all aspects of medication management meet requirements in relation to accuracy of medication orders and records, expiry labelling of eye drops/ointments and documenting allergies/alerts or nil allergies known.  **Required Action:**  Ensure all aspects of the medication management system are implemented safely and meet requirements.  Criterion: 1.3.12.1 PA Low Due date: 2nd January 2019  **Progress:**  SAMS was not privy to the checking conducted by the DAA Group for the due date of 2nd January 2019. We base this review solely on the observations made in the homes reviewed.  **Evidence:**  The ‘Corrective Action’ relating to medication has been checked in all five homes with the outcome being that the homes have met the verified standard.  Pharmaceuticals are handled safely, and policies and procedures are in place.  Allergies/alerts are clearly identified.  Each person has a medication folder which includes:  \* photo  \* blister packed medications  \* medication alerts and allergies noted  \* staff signature register  \* PRN protocols  \* side effects  \* medication transport arrangement information  \* Health Passport.  A guideline which accompanies each folder states:  \* Right person, right medication, right dose, right route, right time.  **Further Actions:**  Based on the observation of medication protocols, documentation and procedures in the five homes visits, no further actions are required. |

**Outline of requirements and recommendations contained in the twelve service reports:**

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| **Four requirements**:   * The service reviews with the NASC the staffing levels needed in this home, especially as people are aging and require increasing levels of supervision and assistance. * IHC Properties completes the refurbishment of the main bathroom and attends to the damaged carpet in the living area. * The service reviews with the NASC the staffing levels needed in this home, especially as the people are aging and require increasing levels of supervision and assistance. * The service completes medication review documentation for all of the people in the house and provides a system whereby medication reviews are completed/recorded at specific intervals.   **Recommendations** there were eight recommendations:   * IHC Properties considers a complete renovation of this home including fixtures and fittings such as lounge curtains. IHC Properties also attempts to solve the mould problem at the rear of the home. * The service considers methods of reintroducing monthly house meetings and transporting the people to self-advocacy events such as People First. * The service considers methods of reintroducing monthly house meetings and transporting the people to self-advocacy events such as People First. * The service continues to forge positive working relationships (partnerships) between the families, the people living in the home and the managers of the service. * The service considers the introduction of reflective practice techniques and ideas into staff meetings or through the formal introduction of reflective practice training. * Review the personal planning processes for the people in the home to ensure they are up-to-date, relevant and aspirational. * Resolve repairs and maintenance issues in the home. * Review safety procedures in the *‘sleepout’* for the man with a visual impairment and mobility issues. |

**Requirements and recommendations in the Summary Report**

**No requirements**

**No recommendations**