**Developmental Evaluation Report Summary – South Waikato Achievement Trust (SWAT)**

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

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| **Name of provider:** |  | |
| **No of houses visited and location**  **(number of people)** | 2 | 85 Clyde Street, Tokoroa (16)  32 Kent Street, Tokoroa (5) |
| **Date visit/s completed:** | All house visits occurred between the 13 and 15 April 2021 | |
| **Date report finalised:** | Evaluation reports finalised on 11 May 2021 | |
| **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**  The South Waikato Achievement Trust (SWAT) began operation in 1974 as a vocational service for people living in Tokoroa. Since that time they have developed a sheltered workshop that changed to a business enterprise with the advent of Pathways to Inclusion in the early 1990s, opened a 17 bed hostel with a two bedroom flat attached, developed a cluster of 10 flats on site near the business enterprise and office on Thompson Street, and support four group homes and other flats in the community. As well as these the service runs two vocational services near town. One provides more traditional day service options while the other runs a very innovative art programme. The service reports that they also provide employment support for disabled people in Tokoroa.  This midpoint review focused on two homes supported by residential contracts for five or more people, including one with xx people. The smaller home of xx people is a purpose-built house on the same property as four self-contained flats with people who are supported through supported living contracts. The flats are, therefore, not part of this review.  SWAT has been the subject of intensive review at by both their designated auditing agency and developmental evaluators every 18 months for some time. Those review have historically produced a wide range of required actions which the service works through each time they arise. On going support for this service may best to conducted through focused support of training events and service developments especially around current sector trends such as Enabling Good Lives.  **Number of people formally interviewed during this evaluation**  **Clyde Street**   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | People | Families | Staff | Management | | No | 7 | 7 | 6 | 3 |   **Kent Street**   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | People | Families | Staff | Management | | No | 4 | 6 | 3 | 3 |   **Strengths**   * Families/whānau work in partnership with the staff and feel welcome. * In line with the EGL Principles, the Evaluation Teams observed people self-directing their lifestyle and managing independently in their home. * Paperwork sighted was valuing, clear and respectful. * The smaller home is personalised and reflects the interests of the people living there. The large home is well maintained and personalised in bedroom spaces. Both properties have sufficient space to accommodate the personal and privacy needs of the people in the homes. * There appears to be good communication between individual members of staff and the people in each home. * The staff team at Clyde Street has recently experienced some turnover but a core of experienced staff remain who know the people in the home very well. * The people in each home are generally satisfied with the service provided and many are also able to voice their wishes and concerns as they arise. * The majority of people have interesting and varied lifestyles with the most having day time options during the week. There is a lot of coming and going for those who remain behind at Clyde Street but few planned activities. * The vocational services appear to be well liked and the Creative Arts studio appears very involved with the general community. * Some people are employed at the Business Enterprise run by SWAT. * Personal planning does focus on some goals and reviews are completed monthly (albeit without much detail). * The houses have vehicles that enable visits to the community, doctors and outings to other centres. * People are involved in activities in the general community such as church and visiting pubs etc. * The staff team have good basic training and a desire to extend their knowledge further**.**   **Areas of Development / Consideration**  **Specific areas for development: Kent Street**   * There is an issue with one person in the home that is described as unsafe and impacting on the lives of others. * The On-call Protocol is unclear and consequently is unable to work effectively for its intended purpose. * The Incident Reporting policy and supporting forms would benefit from review to include modelling of trends and targeted follow up actions aimed at reducing reoccurring incidents. * Environmental restraints have not been approved or consented for use in the home. * A new Welfare Guardian, who is not an employee of the service, is required for one person.   **Common areas for development**   * There is little, if any, understanding of EGL and how this is affecting service developments in the sector. * In this report we focus on linking personal planning with EGL and suggest providing EGL training to all stakeholders (people using SWAT services, whānau, staff and managers) and completing an EGL organisational self-review. * There are some minor paperwork details required such as upgrading home agreements and putting some restraint/enabler documentation in place.   **Results from the SAMS Developmental Evaluation**  **Requirements:**   1. Obtain consent and set reviews for use of environmental restraints. 2. Establish and implement a plan for the immediate, mid and longer-term support strategies for one person. 3. Establish an On-Call Protocol for shared responsibility. 4. The appointment of an independent Welfare Guardian 5. Where the service uses or is considering the use of restraints, documentation be developed for each person for whom the restraint is developed (eg, locks on cupboards, physical restraints) and documentation be provided for the use of any restraints or enablers on personal files. 6. The service provides EGL training or makes this training available to all stakeholders (people living in the home, whānau, staff and managers).   **Recommendations**   1. Update the Residential Home Agreement to specify the amounts to be retained by each person in the section *Your Personal Spending Allowance* (Service Specification Tier Two 6.9.1 (b)). 2. The Incident Reporting policy and supporting forms would benefit from review to include modelling of trends and targeted follow up actions aimed at reducing reoccurring incidents. 3. The service revisits with each family/whānau the level of communication they desire with the service and checks whether this aligns with what the person being supported also wants. 4. The service considers methods of increase the number of activities available to people who remain at home during the week especially at Clyde Street.   **Progress on the Corrective Actions for Certification with Q-Audit are listed in the final pages of this report** |

**Quality of Life Domains**

*The quality of life domain headings have been changed from previous summary reports to fit the new evaluation tool and template requirements*

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| **My Identity**    **1.1 My culture, beliefs and preferences are supported**  The service has a Māori Health Policy that includes a copy of the Whāia Te Ao Mārama 2018-2011 Māori Health Action Plan. There is indication the service is connected with a Kaumatua and it is in the process of updating its Te Tiriti o Watangi training with front line staff.    The home at Clyde Street supports xx who identifies as xx and has made attempts to maintain xx. The service has knowledge of the person’s xx and xx. Several of the staff identify as Māori and important festivals are celebrated at the home. The service trains staff in appropriate protocol, especially in relation to food preparation and areas that are tapu. Te Reo is used in the home at certain times, especially in relations to naming things or areas of the home.  Several of the people living at Kent Street identify as xx xx reported they involve their xx in cultural practices and this is in line with their preferences.  A person told the Evaluation Team she enjoys waiata at home at Kent Street and during the Covid19 lockdown last year was supported by the staff to build a family tree and explore her whanaungatanga. This was done alongside the staff exploring their own heritage. SWAT members attend cultural events in the community. The Evaluation Team heard about the Christmas Poi-e event.  **1.2 My family and whānau are valued**  The role of family/whānau is acknowledged and valued. All of those interviewed commented on being made welcome when visiting.  The people choose how much involvement they have with their family/whānau members. One person at Kent Street was looking forward to attending an upcoming whānau event celebrating a wedding anniversary.  The Evaluation Team heard of examples when whānau have sensitively supported their family member in decision making  Some families at Clyde Street felt the service could provide better communication about what their relative is doing and so on. It might be useful to check with each family/whānau the level of contact they desire and see how this aligns with what their relative also wants.  **1.3 I am understood**  The staff know the people well and commented on understanding the communication style used by the people they support. The Evaluation Team observed verbal communication being supported with sign language and facial expressions. Those who need more assistance with communication have these needs detailed in their ‘client support care plan’.  There were some visuals displayed in the home at Kent Street, an example of which was used as a prompt for people called *Ways I can Calm Down*.  **1.4 My mana is acknowledged, upheld and enhanced by my contact with support**  The staff commented that Tokoroa is a small and valuing community. We were told people look out for each other, which has been beneficial for a person living at Kent Street who leaves the home regularly without advising the staff.  There is evidence that the staff at Clyde Street treat the people with respect and ensure all personal care activities are carried out with dignity. The staff were observed to knock on doors and wait for a reply before entering, and they took time to talk with people so that they fully understood the person’s responses.  The people in the home reported that they were on the electoral roll and some of the people voted in the last election.  The service clearly states in its policies that it does not use restraints or support the use of chemical restraints. However, they do not characterise what they mean by restraint in this statement although it probably refers to personal restraint (holding or preventing the movement of a person by other people). The policies and procedures document also states the conditions under which restraints can be approved and correctly identifies the need to: (a) use only as a last resort, (b) follow an approved plan, and (c) be approved by an appropriate professional.  In the policy concerned with Enablers the service identifies an Enabler Approval Group and specifies when reviews should occur. The service ideally would add to the Restraint Minimisation and Safe Practice Policy: (a) a definition of each type of restraint (emergency, environmental, personal, physical and chemical) and provide forms for when any type of restraint can be considered or used, to be placed on personal files. For example, while seat belts on wheelchairs are Enablers (as the person has the right to choose the use of these devices) they cease to be Enablers if their use is forced (such as installing locking mechanisms for their use). At that point they become physical restraints and require appropriate documentation, authorisation and regular review by a restraint minimisation committee.  Further, there does not appear to be any documentation on the files detailing which Enablers are used for each person, how they are used, how they were approved to be used (with the person a willing participant) and when they will be reviewed.  At Kent Street two environmental restraints are in place in the home for one person’s safety and wellbeing. The Restraint Minimisation and Safe Practice Policy was sighted and defines the intent of environmental restraint use. The policy refers to *rights of particular relevance*; one of these is mana. A form supporting the policy is used to gain the consent by the individual for the use of the restraint. This has not been completed and does not refer to the impact the use of the environmental restraints (in this case locks in the kitchen) may have on others sharing the home. A review date for the use of restraints is also required (Service Specification Tier Two 9.3 (d)).  **Requirements**   * Obtain consent and set reviews for use of environmental restraints. (Section 1.4) * Where the service uses or is considering the use of restraints, documentation be developed for each person for whom the restraint is developed (eg, locks on cupboards, physical restraints) and documentation be provided for the use of any restraints or enablers on the personal files (see Section 1.4).   **Recommendation:**   * The service revisits with each family/whānau the level of communication they desire with the service and checks whether this aligns with what the person being supported also wants. (Section 1.2.)   **My Autonomy**    **2.1 I make choices about my life**  The service does a remarkably good job enabling each person to make choices about their daily routines: when they go to bed, shower or rise in the morning, what they have for breakfast, where they work or what they do with their day.  Self-determination (an EGL principle) also focuses on the individual having as much control over their life as possible and determining their own destiny, hopes, dreams and ambitions. The development of the flat at Clyde Street (attached the main building) as a more independent living arrangement that is fully accessible is an important step forward for the person hoping to be the first tenant. It will allow that person to trial what is possible within a situation where help can be found if needed.  At Kent Street the Evaluation Team heard the staff like to sit alongside the people later in the day to write up the daily diaries. We were told of anecdotes from a person’s day that they like staff to note, such as improvements in fitness or contact with family/whānau. The people told us they choose locations for outings and aim to be fair so everyone gets a turn.    **2.2 I choose and realise personal goals**  Each person has a personal lifestyle plan that is kept in a separate folder for ease of access by key support workers for each person. The plans often have very similar goals; for example, ‘continuing to attend Choices and then within that goal are a short list of goals the person may wish to pursue at Choices. This came about from a requirement by some auditors to link personal plans with vocational services, especially within the same organisation, and this has merit. However, the aim was to develop plans at the same time so that the person and their whānau do not need to repeat similar meetings. Some goals may also be common to both settings. For example, if a person is attempting to learn more independent living skills with a view of moving to more independent living situations then the vocational service may be able to help teach cooking skills, road safety or how to use public transport as well as the home. Key workers would then have meetings with the vocational service to check on progress.  The aim of personal planning is to explore with the person what they want to achieve in life or what things they really enjoy. They are more about what the person wants than what others think will be a good idea for them. It requires giving the person the space and right to dream and it requires the staff team and the person’s wider support network to help identify those things they know the person really loves (especially if the person finds it hard to make these things known to others). It can involve trying something new and exploring new things. It can involve aspirations or dreams that seem complex and maybe out of reach. But the goal is to explore with the person and plan small achievable steps. It is important in planning not to set the person up to fail or to suggest things are not possible.  There are two building blocks necessary to achieving good personal planning. Firstly, to provide a skilled staff team who understand the intent of personal planning, how these relate to EGL Principles and to skilfully develop personal plans with each person. Secondly, create a system of monitoring progress so that the person, and the key support workers who are providing assistance, can see how and where progress was made, what worked, what did not work and where to next. For some people detailed records can seem invasive so where these records are kept can be up to the person. However, allowing for some access for across service summary data may be desirable.  Each person has a Home Agreement that is signed annually. The current agreements do not include the proportion of the person’s MSD Work and Income benefit that will be paid to the provider andthe amount that is left for the individual’s own use. (See section 6.9.1 b, c of the residential contract.)  **2.3 I** **make decisions about my daily life**  Clyde Street is a large residential complex that is often referred to as a hostel. There is little opportunity to choose who lives in the same setting or who the support workers will be. The service is aware that compatibility is important, and the present mix of people seems to be working reasonably well. The staff team is also showing signs of coming together as a cohesive unit with a common vision and EGL training may be helpful to continue this trend. The service is aware that it is important for individuals not to continually retrain new staff in their personal support so turnover and staff allocations are carefully considered (see also section 2.1).  Change of living arrangements are made based on a person’s support needs. At Kent Street one person has recently moved from the flats to the home following a change in support needs. The family stated the transition was managed sensitively and the move was reported to have been successful for everyone.  We observed the people to be active participants in the running of the Kent Street home; this included chores, choosing and preparing their own breakfast and lunches. A person grows his own tobacco as a means to reduce the cost of smoking. At Clyde Street involvement in the home is limited and staff were observed to completed the majority of household chores, grocery shopping and cooking.  A person living at Kent Street was described to us as having escalating challenging behaviour. This issue is discussed in that report and a corresponding requirement was provided.  **2.4 Supports are highly tailored to my needs**  Each person has a support plan for daily living that is reviewed at regular intervals. Also see section 2.2  **Requirements**   * Establish and implement a plan for the immediate, mid and longer-term support strategies for one person. (Sections 2.3 and 4.2).   **Recommendations:**   * The service reviews personal planning with a view to aligning with EGL Principles. (Section 2.2.) * The service includes in the next round of Home Agreements a section detailing “how the residential subsidy portion of the Person’s MSD Work and Income benefit will be paid to the Provider andthe amount that is left (which will be retained by the Person)”(section 6.9.1 b, c of the residential contract). (Section 2.2.)   **My Connections**    **3.1 I am part of the community**  The people have individualised activities with varied schedules and activities; spending time with people other than those with whom they live.  Many people have a network of people around them who can offer support, advice and advocacy as needed. The service actively assists the people to keep in contact with their family/whānau and friends and provides assistance to connect with members of the wider community through groups, such as the bible study group, and connections through the art studio and work placements.   * 1. **I have relationships with others that are important to me**   At Clyde Street weekly outings are important calendar events for the people who remain at home during the week. These trips include visits to neighbouring towns and can include café trips and the like in Tokoroa. The people at home also get out on trips with family members or to appointments with staff members (such as doctors, hair dressers) or personal shopping. Their week, however, includes a lot of down time when not very much is happening in their life.  At both homes those who are more active are attending the day services or have work placements. Others are able to motivate themselves and get out into the community, often to link up with friends or family. The service also supports a bible study group in-house at Clyde Street and one in available outside the home and some people attend church services. One person attends the Senior Citizens Centre quite regularly and one likes to go the Cossie Club at least once a week.  We heard of people receiving support with individualised activities until they are at the stage where staffing can slowly be withdrawn when natural supports have been established. A person who had attended programmes in the past and has been supported by SWAT is now a paid member of the staff team.  **Recommendation:**   * The service considers methods of increase the number of activities available to people who remain at home during the week. (Section 3.2.)   **My Wellbeing**    **4.1 I have the best possible health and wellbeing**  The people have regular medical appointments and are supported with specialist reviews as required. These include ophthalmologists, audiologists and physiotherapists. One person also receives support from the diabetic medical team.  The service at Clyde Street has made great progress in assisting some individuals to maintain and improve their general health. They also assist the people to attend medical appointments and provide diligent observation of any changes in health. Medical records are maintained for those people who require regular monitoring (for example fluid intake, weight etc).  A member of the management team of SWAT has taken on the role of Welfare Guardian for one person who uses SWAT services. Whilst we acknowledge the dedicated level of support, we also suggest that there is a need to access an independent welfare guardian/advocate for this person. This is in line with the Sector Standards which state:  *Service provision ensures that no single organisation providing services exercises control over all or most aspects of the life of the Person, unless the Person chooses otherwise* (Tier One, 3.5b).  Welfare Guardianship has just lapsed and it is therefore timely for this change to be made.  .  **4.2 I am safe**  Each person has a personal file that begins with personal contact information and includes information on culture and spiritual identity. These are followed by a detailed client support care plan and a risk management plan. Informed consent forms are then provided.  The staff team has had recent training in positive behaviour support through EXPLORE (MAPA training) and has regular reviews of infection control, safe handling, and medication competency (completed by a registered nurse).  The majority of the staff team have either completed or are in the process of completing the level 2 certificate and the service is investing in onsite assessors when they become qualified. Many staff have completed level 3 and 4 training.  Medications are securely stored. Only personnel trained in handling medications are allowed to issue medication and all medications at Clyde Street have double signatures. Medication charts include a current picture of each person, the doctor’s prescription sheet, records of staff signatures, medication review dates, procedures for using PRN medications and related signing sheets, and information on each drug used including potential side effects or drug interactions. There are systems in place to check incoming medications from the pharmacy and to check expiry dates.  The staff in each home meet once a month for a full staff meeting and minutes are kept. Standard agenda items include infection control, incident reports, hazard reporting, and health and safety. Staff who were absent from staff meetings must sign that they have read and understood the content of the meeting minutes.  Incident reports are kept and follow ups appear to be responsive to the issues that were raised. Staff are required to sign that they have read incident reports as they occur.  The home at Clyde Street has a current warrant of fitness (dated December 2020) and has both sprinklers and built-in smoke detectors. Fire drills are practised twice a year. At Kent Street civil defence packs are in place and evacuation practices undertaken. One of the people explained the evacuation drill.  Risk Management Plans are complete and current copies located in the individual files reviewed. The plans include an assessment of risk and support strategies. At Kent Street a risk has been identified and Explore has been invited to re-engage with a person living in the home; however, concern was noted as to how long this may take. The are escalating concerns regarding the support of this person (see the Evaluation Report for Kent Street for further detail). Whilst the Team commended the staff for their efforts, commitment to keep the person safe and diligence in record keeping, they identified a need for improving the On-Call System so responding to incidents can be shared between senior staff.  The Kent Street Evaluation Team also encouraged a focus on the development of:   * an immediate short-term plan concerning the health of the person (education) * a medium-term plan to engage with other services such as Whanau Ora * a longer-term plan if the service decides to withdraw support.   **Requirements**   * Establish and implement a plan for the immediate, mid and longer-term support strategies for one person. (Sections 2.3 and 4.2). * Establish an On-Call Protocol for shared responsibility. (Section 4.2). * The appointment of an independent Welfare Guardian. (Section 4.1)   **My Contribution**  **5.1 I can contribute to my community and society**  The people have varied roles in their community; regular events and community outings often take place. Tokoroa was described to the Evaluation Team as a supportive community and the people are known in their neighbourhood.  The Creative Arts studio is located close to the city centre and supports some people to attend mainstream art classes. They were also in the process of installing an Anzac memorial that this year will be at the local library. The studio itself welcomes local artists and the shop front provides very tasteful decorations, currently in a jungle theme. This area positively associates the service with the local community and gives a sense of accomplishment as artists. Likewise, the business enterprise is well known in the town and provides products such as kindling and fence posts for local consumption.    **5.2 I am involved in service development**  The Board of Trustees is made up of accomplished members of the community (accountant, lawyer, ex-Mayor, ex-headmaster etc) of whom two are reported to have family members with disabilities. The service reports there is a committee that informs the Board but it was unclear how many of the people who use SWAT services are represented on this committee or how they feed back to house meetings etc. House meetings are an avenue to inform management of what people want or need, and there are some examples where people have actively shared their views in the minutes of these meetings.    At Kent Street one person was supported to raise a complaint via an Incident Report however this person was unsure if a response would be received and to date none had been provided. We received similar feedback from others during our onsite visits and interviews. The Evaluation Team considers there would be benefit from a review of the Incident Reporting Form and Process to include modelling of trends and targeted follow up actions aimed at reducing reoccurring incidents. (Also see section 6.2 regarding the complaints processes at SWAT).  **Recommendation:**   * Incident Reporting policy and supporting forms would benefit from review to include modelling of trends and targeted follow up actions aimed at reducing reoccurring incidents. (Sections 5.2 and 6.2).   **My Support**    **6.1 I am able to choose my support, who supports me and how I am supported**  SWAT is probably the main residential provider for disabled people in Tokoroa. This limits the choice of options available to people who want to stay in the local area. The service offers a range of living options, including full residential contracts either at the hostel in Clyde Street or the four residential homes in the town or through supported living contracts. There has been some movement between the different accommodation types within SWAT and individuals are able to express how they wish to be supported.  **6.2 I can have my say**  A complaints procedure is readily available to the people living in SWAT services and their whānau. There have been occasions where this process has been utilised and the register was sighted at the main office. There may be situations where some families/whānau have not believed a complaint has been fully resolved even though the paper trail appears to be complete. The service may consider revisiting complaints over the last calendar year to ascertain whether the people involved in a complaint (or significant incident) require further information or closure. (See also Section 5.2).    **6.3 I monitor and evaluate the support provided**  Families/whānau advised feedback has recently been sought on the service. SWAT representatives stated the response rate has been slow. The verbal responses we received from interviewees were positive.  Daily diary entries are completed at the end of each shift but these usually only provide very basic details of health and support. Daily diary entries ideally will list what type of contact has occur, what the person did with their day and what was successful or enjoyed. Allowing people to provide their own input into daily diary entries could be useful as they may have different insights. It also allows people to know what is being written and gives them some rights to edit the content.  **11.1 General observations on how the organisation delivers supports according to the vision and principles of Enabling Good Lives**  At the time of the evaluation, it was evident that few people understood what EGL was or how it was influencing developments in the disability sector. The Evaluation Team provided a brief overview at the feedback for this review but it is clear that contact with EGL trainers and support groups would be ideal. The service was, at the time of the feedback, directed to one contact within the EGL Demonstration Project in the Waikato and is urged to find avenues to inform the people who use the service and their family/whānau about EGL and provide training to support workers and managers, especially with regard to linking EGL Principles with aspiration-based personal planning.  **Requirement:**   * The service provides EGL training or make this training available to all stakeholders (people living in the home, whānau, staff and managers). (Sections 11.1, 2.2) |
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**CORRECTIVE ACTIONS IDENTIFIED DURING THE CERTIFICATION PROCESS[[1]](#footnote-1)**

The letter dated 20 December 2019 from Q-Audit stated that *the Corrective Action Log was deemed sufficient and all CARs (Corrective Action Requests) have been closed out.*

**SAMS Review of Progress on meeting Corrective Actions:**

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| **Corrective Action 1:**  There was insufficient evidence that residents have been informed following an error.  **Required Action:**  Maintain evidence that any error has been discussed with the resident, with an apology.  Criterion 1.1.9.1 PA Low  **Progress by SWAT to Q-Audit:**  4 September 2019: WE are going to put in our medication policy that with any error it will be discussed with the client as well as an apology. Our incident and reporting systems highlight the disclosure and apology requirements for clients. The policies have been updated to reflect this.  **Response from Q-Audit:**  **15 September 2019:** Corrective action insufficient. You are required to ensure that **any event** (including medication) is discussed with the client. The best place to add a comment regarding open disclosure would be in your adverse event policy and procedure.  **Evidence:**  The SAMS team reviewed policies and procedures and noted in the incident reporting policy the following clause:  “Open disclosure will be applied to any adverse events involving clients e.g medication errors, MUST be discussed with the client and a formal apology provided in writing”.  As the incident reporting policy is generic to all adverse event including medication errors the Evaluation Team believed the policy requirements of this requirement have been met.  **Further Actions:**  No further actions indicated.  **Corrective Action 2:**  Some policies require further development and review to ensure they include current best practice references, legislation, regulations, guidelines and standard requirements.  **Required Action:**  Update policies and procedures require updating to ensure they meet current legislation, guidelines, regulations and best practice.  .  Criterion: 1.2.3.3 PA Moderate  **Progress by SWAT to Q-Audit:**  4 September 2019: we are developing and reviewing our policies e.g Medication competencies, client disclosure, Treat of Waitangi and cultural awareness. Our policies will reflect our broadening spectrum of our client base.  **Response from Q-Audit:**  15 September 2019: Correction action insufficient: Are you also reviewing your polices and procedures to ensure they include specific procedures when working with clients with a physical disability (as opposed to an intellectual disability)?  **Evidence:**  SWAT has employed a suitably qualified person to review policies and procedures in conjunction with the Board of Trustees. This review has been ongoing and has included updated policies with regard to medication, incident reporting and quarterly reviews. Evidence of quarterly reviews are noted in personal files (including personal planning goals – see discussion in this report). Policies and procedures in general appear to be inclusive of various disabled groups and it is not usual to expect policies to have a variation between groups. Policies appear to be appropriate in areas such as infection control, health and safety (including safe handling), behaviour support, restraints and enablers, abuse and neglect, complaints, open disclosures, quarterly reviews, formal transition and exit policy, formal entry, sexuality, Māori Health and informed consent (to name a few).  **Further Actions:**  No further actions indicated.  **Corrective Action 3:**  The internal audit programme has not been consistently implemented as required in policy.  **Required Action:**  Implement the internal audit programme as required  Criterion: 1.2.3.7 PA Low  **Progress by SWAT to Q-Audit:**  4 September 2019: We now have a 12 month internal audit schedule which will be scanned and sent to you.  **Response from Q-Audit:**  15 September 2019: Corrective action sufficient. Please provide a copy of the schedule and two examples of most recent internal audits  **Evidence:**  SAMS also reviewed internal audit processes and noted monthly or bi-monthly reporting as per a schedule.  **Further Actions:**  No further actions indicated.  **Corrective Action 4:**  Not all current risks have been identified. For example, the increased risk of increasing scope and providing services to residents with complex physical needs.  **Required Action:**  Identify all current risks and report these (including risk management strategies) to the Board.  Criterion: 1.2.3.9 PA Moderate  **Progress by SWAT to Q-Audit:**  4 September 2019: All current risks will be identified and updated and monitored as part of audit schedule. Also presented at our Trust Board meeting.  **Response from Q-Audit:**  15 September 2019: Corrective action sufficient: Please provide evidence of your current risk management plan (or whatever it is that you report to the Board).  **Evidence:**  Each person has a risk management plan that identify keys areas for vigilance and on-going support. The Evaluation Team sighted the Monthly report for Quality Risks and Management January 2021 and noted evidence of reports to the Board and to staff meetings. For example, reports include a review of accident incidents as opposed to behavioural incidents.  **Further Actions:**  No further actions indicated.  **Corrective Action 5:**  A training plan for 2019 has not been fully implemented. This includes specific training for staff regarding physical disabilities.  **Required Action:**  Provide staff with the required training to meet the diverse needs of the current residents  Criterion: 1.2.7.5 PA Moderate  **Progress by SWAT to Q-Audit:**  4 September Evidence of current training plan will be presented e.g. proposed Parkinson training in October  **Response from Q-Audit:**  15 September 2019: Corrective action sufficient: Please provide a copy of the training plan.  **Evidence:**  A training plan was sighted for 2020 and 2021. The 2020 plan was disrupted due to COVID and some training replaced by COVID specific training the was relevant and necessary for that period. Recent training has included Behaviour support and MAPA training, victim support, mental health, age concern, safe handling/smooth movers, medication, abuse and neglect and the Treaty of Waitangi. Specific training in some syndromes or disability types is always useful especially if ongoing support will benefit from this type of specific training.  **Further Actions:**  No further actions indicated, although on-going review of training needs based on client support needs (sometimes syndrome specific) is suggested.  **Corrective Action 6:**  There is insufficient evidence that the required quarterly reporting for evaluations is being completed (Clyde Street)  **Required Action:**  Complete quarterly evaluations as required.  Criterion: 1.3.8.2 PA Low  **Progress by SWAT to Q-Audit:**  4 September 2019: Pre booking schedule for quarterly evaluations will be provided and will be added to the policies.  **Response from Q-Audit:**  15 September 2019: Corrective action sufficient: Please provide evidence that quarterly evaluations are being completed and a copy of the amended policies  **Evidence:**  The Evaluation Team for Clyde Street noted quarterly reviews were completed. Similar evidence was noted at other sites.  **Further Actions:**  No further actions indicated.  **Corrective Action 7:**  Medication competencies are not signed off by the registered health professional  **Required Action:**  Medication competencies need to be signed off by a registered health professional.  Criterion: 1.3.12.3 PA Moderate  **Progress by SWAT to Q-Audit:**  4 September 2019: A registered nurse will be employed once a year to sign off staff medication competencies which will be added to our policies plus three monthly check in our internal audit.  **Response from Q-Audit:**  15 September 2019: Corrective action sufficient: Please provide evidence of your agreement with the registered nurse  **Evidence:**  The medication policy notes:  Medication is only administered by trained staff. Annual staff training will be provided by a Registered Nurse and competency confirmed. Any new staff will also be assessed by the RN as competent before administering any medication.  The SAMS teams sighted evidence of annual medication reviews signed by a registered health professional.  **Further Actions:**  No further actions indicated. |
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1. This section was not provided in the Community Residential Tool 2020 [↑](#footnote-ref-1)