# Developmental Evaluation Report Summary

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

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| **Name of provider:** | Te Roopu Taurima O Manukau Trust |
| **No of houses (5 or more beds) visited# and locations - suburb and town only:** | Xxxxxx  Xxxxxx  Xxxxxx  Xxxxxx  Xxxxxx  Xxxxxx  Xxxxxx  Xxxxxx  Xxxxxx  Xxxxxx  Xxxxxx |
| **Date visit/s completed:** | 11th February – 18th Feb 2020 |
| **Name of Developmental Evaluation Agency:** | Enhancing Quality Services |

## General Overview

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| Te Roopu Taurima (TRT) provides Kaupapa Maori services for service users (tangata) with a primary diagnosis of intellectual disability. The service currently supports 221 tangata across 53 whares. The service stated core values being:- Whakapono (Trust): Tūmanako (Action): Panekiretanga (Excellence): Aroha (Kindness):  In total 11 whares (homes) were visited across xxxx supporting xxx tangata (clients). The service supports a range of clients primarily those with an intellectual disability, although in some the whare tangata required support around physical disability and mental health. As well as information gathered from observations in the whare xxx tangata xxx whanau (families), xxx staff, (excluding staff at national office). 2 external agencies were contacted. xxx personal files were reviewed.  The service was evaluated against its contract with the Ministry of Health. The time of the visit was at the mid-point of the organisation’s Certification against the Health and Disability Sector Standards. The service obtained 2 years of Certification. At that time 14 requirements were made where it was deemed the service was not meeting the standards. The service subsequently took actions to close off the requirements. However, conducting the current evaluation there are some common themes similar to those identified at the time of Certification that requires attention.  A strong feature of the service is the way it promotes Tikanga Maori practices, which permeate the whole service. Within the framework staff are focused on meeting tangata needs, observations of staff interactions and recordings were respectful. Efforts are made to involve whanau at all levels, however, the introduction of new planning processes have not engaged whanau in a way expected.  Positives included promoting Tikanga Maori, tangata engaged in the community and involvement in varied day programmes. The introduction and completion of Core training for all staff. Engagement with external community support agencies    Where requirements were made the expectation the service needs to do more work. A feature was processes introduced and not bedded down. Common across all the whare was client planning including risk management, medication management, updating agreements between the service and tangata. In one home a service review was required looking at several issues where the service was not meeting the standards. |

## 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**  Staff are dedicated to the people they support and positive interactions were observed between staff and tangata. Tangata interviewed were happy with the staff and often mentioned their key worker. Whanau, for the most part, are happy with the service.  All of the people in the houses have a Te Oranga Pumau (TOP) plan. TOP plans are divided into sections, Tangata, History Physical /Medical Health, Mental Health and wellbeing, relationship and sexuality, spiritual wellbeing etc. The document identifies any risks around the individual. plan. There have been several iterations of the plan format the latest dated July 2019  The TOP had only just been introduced to many of the whares visited and staff were coming to terms completing it. Therefore, In the most part, they were incomplete. A section of the plan allows risks to be prominently displayed but they are not always clear. Before January much of the information had been removed from the whare and archived so there was a lack of continuity between information that may have been held in the home before the new plans were introduced.  The quality of the goals varied from being exciting learning new skills, going on holiday, forging links with whanau, to day to day activities which would normally form part of the care plan. Goals were broken down to sub goals supporting the main goals but did not have timeframes when they should be achieved. Whanau were not always engaged in the process or consulted.  Except for two whares staffing levels are good allowing lots of community integration and support tangata to lead a busy life. All whare have access to a vehicle which is used for outings, shopping attending appointments and generally supporting tangata. In most cases tangata are involved in some form of the day programme, a seven-day planner lists all activities. The service has developed its day activity services Te Rito, where tangata can be involved in cultural activities, flax weaving, poi making Kapa Haka. The centre also teaches literacy and numeracy. The service has developed a sensory room which was used by some of the tangata in the whare visited. Some tangata also had paid jobs or volunteered in the community.  The whare visited had different ownership structures. Mostly they are rented from Housing New Zealand, some are owned by the service, or, in one case rented from a private landlord. In the main, they were well maintained and met the needs of the tangata, e.g. wet area showers wide doorways etc. In one house, however, there was a lot of damage and health and safety issues were identified. Some of the paint finishes and broken lining in the showers made some of the whare harder to clean.  All whare have heat pumps mainly situated in the lounge, the design and or construction of the home, resulted in some of the whare being cold. In some cases, tangata had their heaters. In Certification, issues were identified and the agency is carrying out its review of heating across the service.  The systems in place to manage Tangata money are appropriate. Support for Tangata to use EFT cards, developing their independence is good. In one instance, however, Tangata money had been used to purchase general goods for the whare at the weekend when money could not be drawn from the office. Records showed that the money had been paid back. Changes in the contract with the Ministry require house agreements, setting out responsibilities for payments for services between tangata and the service to be rewritten. It was common across the whare that personal inventories required updating.  **2 - Autonomy**  In some whare, there were issues of privacy and confidentiality with some tangata information on display or accessible on desks in open areas. In most cases, the newer whare privacy locks were on showers and bathrooms, one home the locks has been dismantled. In most instances the location of offices, computers and printers impinged on tangata living areas, files and diaries were easily accessed as they were not locked away.  Except for one whare, all were easily accessible to tangata. In some instances, different living arrangements were available on-site meeting different needs. In one case a man was living in a separate flat on-site, learning to be independent with the aim of him transitioning to independent living  Menus are set on a four-week cycle and appeared nutritious, there was fresh fruit available in the whare Tangata were able to help themselves. There was, however, no evidence of tangata having input into the menu. Tangata have the opportunity to help with the cooking and in one of the whare cooked their breakfast at the weekend. There were good examples where staff had adapted the menu to meet particular Tangata needs, in one case a man who is diabetic. Another whare some tangata were overweight, in one case the goal of two Tangata was to lose weight but had put on weight since moving into the whare.  There are good processes tangata exiting and entering the service i.e. moving to a different whare, or into the community. In one whare tangata are under a legal detention order, changing legal status as they moved through the special accommodation service RIDSAS (Regional Intellectual disability Supported Accommodation) from secure, less secure to ‘civil’. With some choosing to move to supported living managed by TRT. Many of the tangata had a clear objective to live independently and move out of the service. In these circumstances, staff are teaching them to budget, shop and prepare meals. In most whare dependent on their level of ability, and with few exceptions, all tangata have their chores around the whare  The mix of tangata in the whare appeared overall to work well. In one whare, however, accommodating Tangata who are vulnerable with a robust client created a level of risk. With the RIDSAS service, the choice of clients entering the home was controlled through the courts and therefore determined the mix.  Tangata are referred to the service by external agencies i.e. Needs Assessment and Coordination service and the Forensic Coordination Service, Intellectual Disability, relationships are generally positive however the quality of information supplied by TRT allowing them to make further decisions needs improvement.  The service as a quality initiative is moving more of its documentation online and has already done so for some forms. The plan is to move to ‘Webcare’ for recording all client information. At the moment some of the whares are struggling with their internet connections with staff complaining that when they go to load the information the system it frequently crashes and they have to re-enter the data again. Before moving to Webcare, this will need addressing.  **3 – Affiliation**  As noted Tangata are engaged in the community in a variety of ways, a number attend day programmes provided by both external providers and within the service. Some working and volunteering. Some like to use public transport in one case one of the Tangata liked to go to the shops each day and was well known in the local community.  Contact and relationships with the neighbours varied, sometimes this was to do with the location of the house, down a long driveway or out in the country. In another, the neighbour popped in from time to time. The service encourages and sustains whanau contact and will take Tangata home to keep in touch. The board runs ‘open days’ where whanau are invited to meet the board and ask questions.  All of the people in the houses had access to General Practitioners, pharmacy, hairdressers, opticians, dentists. There are also good links to specialists and community services, mental health, behaviour, diabetes, OT, equipment services etc.  **4 – Safeguards**  Policies are comprehensive and with input from senior management signed off by the board, currently, the service is in the process of updating policies as many were out of date. Policies are online, each house has a folder that includes hard copies of the policies however these do not necessarily align with the electronic policies.  The organisation has a high-level framework for assessing and managing risk. Risks are tabulated assessed for their impact and likelihood. The board reviews and has oversight of the risk register. The register includes key risks for the organisation. The CEO in her report to the board identifies any risks to the organisation. The board receives a summary of incidents and accidents and complaints and compliments. Every risk includes impact description, completed actions to mitigate the risk to date, planned future actions, responsibilities and risk status. To date there has not been a formal review of the risk register, however, the service improvement manager currently monitors the register.  Incidents and accident are captured on an electronic reporting system (Zoho) any incidents that happen in the home are entered on line into a central database.. The new system allows data to be analysed according to type, house region, time incidents are occurring, types of incident, incidents closed etc. From the staff minutes, the opportunity is taken to discuss recent incidents but there was no evidence of any analysis.  The service has systems and structures to manage health and safety and reports go to the board. Health and Safety form a part of the board agenda. Within the whare, there are appointed health and safety representatives who link with area committees. The folder ‘Keeping Everyone Safe Guide’ is comprehensive and holds information on health and safety, infection control and general health. Part of the folder includes a generic health and safety checklist which the health and safety representative uses to go through the whare to ensure there are no hazards, making sure hazard registers are up to date. There appeared to be an over-reliance on the register as across the three whares there were hazards that had not been identified on the register.  A strength of the service is the training it offers to staff. Mandatory core training includes Management of Aggression or Potential Aggression (MAPA) First Aid, Code of Rights, Sexuality and Medication training, All of which are revised at set intervals. All staff are expected to undertake Careerforce training. Although staff may undertake further training this is not recorded centrally on training registers. In some of the whares, Tangata needed specific support around health, behaviour and general wellness. In some instances, new staff were trained by experienced staff who had worked with the Tangata for some time. Staff appraisals are not up to date, however, the service has recently developed a new personal development process which is about to be rolled out.  The service has thorough processes to bring new staff on board this included reference and police checks. Staff undertake a thorough induction before starting, during this time they receive training on core subjects. Where there are gaps on the staff roster, as much as possible, they are covered by existing staff, or, by a pool of casuals who know the service. In one of the whare, there had been a turnover of staff and it was noted in another the staff were working double shifts  **5 – Rights**  There was evidence of the Health and Disability Commissioner Code of Rights in the whare, posters and pamphlets. Staff receive annual refresher training on the Code. Whanau interviewed felt comfortable raising issues. The service complaint process conforms to the Code. On entering the service family and Tangata receive a copy of the Health and Disability Commissioner (HDC) Code of Rights, the material was in the home. For Mainstream services the HDC advocate is available and comes to the whare. For those under court orders, District Inspectors carry out a similar function  Previously in the whare Tangata had their meetings, in recent years this has lapsed. Although the evaluators were informed that they sometimes join in the staff meetings, however, the staff meeting minutes did not identify Tangata contributions.  When contacted by the evaluation team some whanau raised issues but none had made a formal complaint. The service maintains a complaint register which is overseen by the CEO and the board. There is a high level of reporting in the service In the last 12 months, 77 complaints were recorded, except for two complaints, all were closed off.  **6 – Health and Wellness**  Staff are trained in the administration of medication in some whare there were differences between the doctor’s prescription and what was packaged by the pharmacist. There were issues around the storage of medication and guidance to staff when to administer PRN medication. Everyone has their GP organised through the service or their family. As noted there are good links with community and specialist services.  The service has a restraint minimisation committee which meets every two months The service improvement manager is identified as the restraint coordinator. The service has developed an easy to read guide with definitions of both enablers and restraint in line with standards. In the whare, however, there was confusion as to what constituted a restraint and what an enabler. Documentation around the use of restraints and enablers was not evident in the TOP. By definition, if a Tangata/ Welfare Guardian can’t give consent for an enabler, then it becomes a restraint. In these instances there is a need for an assessment (including risks of the equipment used), planning, and review of plans, monitoring and evaluation at least six monthly. In two whares there were environmental restraint in both instances they had not been authorised by the restraint committee  The service has an abuse and neglect policy which is introduced to staff at their induction; there is also a Protected Disclosure policy which staff are not as familiar with. Both policies should form part of the regular updates for staff alongside the Code of Rights. |

## Outline of requirements and recommendations (not including those relevant to support for specific individuals)

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| **DEVELOPMENTAL EVALUATIONS FINDINGS[[1]](#footnote-1)**   * **Finding 1.1** There were gaps in the information held on Te Oranga Pumau plans. Goals are written in a way whereby timeframes, review dates, resources/support allocated, are not identified. TOP plans were new into the whare and often incomplete and some of the goals had been developed without reference to whanau. * **Finding 1.3** Home agreements are reviewed in line with the contract. * **Finding 2.1** Staffing Issues were identified in two homes in one case staff working excessive hours * **Finding 2.2** Significant maintenance issues were identified in one of the whares while heating was discussed in others. * **Finding 4.2** Risks were not identified in many TOP plans and where they did not necessarily lead to a plan to manage or mitigate the risks. * **Finding 4.2** An electronic system is in place to record incidents and accidents. Prior information has been removed. New databases allow information to be correlated and to identify trends. However, this information is not shared in the whare * **Finding 4.2** Training records are kept of Core subjects, MAPA, First Aid, Medication, Code of Rights, Code of Rights. But training beyond this is not captured on databases or consistently held on staff files. Staff had not an appraisal of their performance in the last two years. * **Finding 4.2** There is an over-reliance on generic health and for safety checklists to identify hazards in the home. in three whares the evaluators identified three hazards not identified by the internal audit * **Finding 4.2** Fire evacuation plans are prominently displayed and systems and evacuations are undertaken by a contractor, in between times the service conducts its trial evacuation. It was noted in two cases bolts had been fitted to two fire doors. * **Finding 4.2** There is a need for improvement in medication management. In some of the whare medication packaged by the pharmacist was different from the doctor’s prescription. In medication folders, there was a lack of guidance as to when PRN should be administered and information on the side effects of the medication held on the medication folders was not always complete. * **Finding 6.1 –** Issues regarding the definitions of restraint was identified in the whares, restraint had not been recorded in TOP files or approved by the restraint committee. |

## Recommendations

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| * Update policies and formally review the risk register. * Conduct a complete service review in one of the whare identified in the house reports * Offices do not impinge on Tangata living areas and confidential information is kept out of sight * Discuss with the NASC and FCSID the quality of information flowing between TRT and the organisations. * Improve whanau engagement in personal planning |

1. 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)