

SAMS EVALUATION REPORT FOR THE MINISTRY OF HEALTH ON:

**Northland Disabled Charitable
Trust
Forget-Me-Not
110 Boundary Road
Tikipunga
Whangarei 0112.**

REPORT STATUS:

DATE OF VISIT: 23-25 June 2015

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FINAL REPORT AGREED ON: XXX

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Overview of Methodology for SAMS Evaluations

The SAMS Multi-Perspective Approach (MPA) primarily uses qualitative methods and a partnership model.

The methodology is consistent with:

- individualised focus
- Partnership
- inclusion
- equity.

The SAMS MPA 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 and are accredited by SAMS for a defined period.

Information is gathered through:

- observation
- individual and group 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, which is then returned to the service and, when relevant, the funder (eg, Ministry of Social Development).

Groups of People Spoken to During the Evaluation

During the evaluation we interviewed 11 people who use the service, four family members, the Manager, three Trustees including the Chairman of the Board, the Financial Administrator, two diversional therapists, two volunteers and a representative from an external service provider.

We also met with a number of clients and the staff informally.

Documentation and Records Reviewed

See Appendix 1 for a list of documentation and records reviewed.

Executive Summary

The Northland Disabled Charitable Trust (NDCT) offers a day service programme called Forget-Me-Not (FMN) from its purpose built secure facility in Tikipunga. The service provides a place *“for adults who are socially isolated, frail, elderly or have a disability”* (FMN information brochure). As a consequence, the people attending the service are diverse and representative of the community of Whangarei. We observed a high level of positive interaction between the clients; we received very positive comments from those who use the service and their family members. Interviewees commented the service had been a significant factor in families continuing to support their family member at home rather than the person moving to a residential provider.

Currently 40 clients access the service via a contract with the Ministry of Health whilst others are funded via ACC, DHB or pay for their attendance. We were told there has been a change to the funding streams for the service under the contract and this has highlighted concern on the existing long term financial sustainability of the service. We recommend, as part of the current strategic plan review, further discussion on diversification and funding options to complement the successful fundraising and community support NDCT receives.

FMN has many key strengths and areas that were emphasised positively by those we met, they include:

- the diverse mix of people
- the qualities of the staff and volunteers
- transport and meals provided
- the holistic approach to the clients having a good life
- strong management with a focus on positive outcomes for the people
- a dedicated Board
- partnership with the families.

The Evaluation Team identified two additional areas for development, they are:

- review of personal planning
- to build relationships with external residential services so there is increased clarity on information sharing and protocols.

We received many favourable comments about the place FMN has in people’s lives. Two of these are, *“a great place for a range of people to connect with others socially”* and *“I felt almost a wreck when I first enquired at Forget-Me-Not, but now I feel I have some life back and I have strength to be able to cope longer”*.

The age range of those attending is currently 25 to 94 years. FMN is able to support up to 40 people a day and currently has capacity on some days. We discussed ideas for marketing the service further via its newly created Facebook™ page, website and editorial opportunities with input from the clients and their families. We understand this may be included as part of the strategic planning review that is underway following the annual feedback from the clients and their families.

The Manager attends community meetings such as the Whangarei Business Club which has helped broaden community knowledge of the service and its location. This is also reflected in the organisation's Business Plan which includes references to providing an essential service to the community and *"provides carers with a regular break from the 24 hour caring, which for carers of people with very severe disabilities can be very demanding and stressful"*.

The activities and programmes are varied and the people choose what they would like to do. Specialist volunteers offer their skills for some of the activities including Swing Dance, music, Tai Chi, manicure, hair styling and boxing. The volunteers and staff have been involved with FMN for some time; training and orientation to the service has been made available. NDCT has supported some of the staff to achieve qualifications such as Diversional Therapy to complement the support needs of the people at FMN.

We would like to thank those who contributed to the evaluation.

Social Sector Standards

Standard	Evidence / Observation	Comment
<p>1. Financial management and systems</p> <p>The organisation is financially viable and manages its finances competently.</p>	<p>Monthly accounts are prepared by the Financial Administrator; these are presented to the Board at the regular meetings for verification by the trustee who is an accountant.</p> <p>Budgets are prepared.</p> <p>An external financial audit occurs annually.</p>	<p>See Cost Effectiveness.</p>
<p>2. Resolution of complaints related to service provision</p> <p>The organisation uses a process to resolve complaints regarding service provision.</p>	<p>A Policy and Procedure document linked to the complaints process was made available to the Evaluation Team. We also sighted the supporting forms.</p> <p>Feedback and surveys are completed regularly for service development.</p>	<p>The clients we spoke with said they are happy to raise any concerns they have directly with the staff and consider they would receive a positive outcome promptly.</p>
<p>3. Staffing</p> <p>The organisation has the staffing capability and capacity to safely deliver services.</p>	<p>The Quality Manual and the Policy and Procedure Manual include detailed references to human resources and the role of the staff and the volunteers.</p> <p>Comprehensive training has been provided within a professional environment.</p>	<p>We observed a 1:5 ratio of staff during our on-site visit.</p> <p>Interviewees acknowledged the important role provided by the long term, skilled volunteers in offering a broad number of activity options in line with the clients' requests. We were told there is an emphasis on the staff having the</p>

		“right” (complementary) personal skills for the role.
<p>4. Health and safety</p> <p>The organisation ensures that clients, staff and visitors are protected from risk.</p>	<p>Health and safety manuals were sighted and the supporting practices are followed.</p> <p>Visual reminders on health and safety practices were displayed at FMN.</p> <p>Appropriate external agencies provide input.</p>	<p>The clients, volunteers and the staff attended training on Safety First principles.</p>
<p>5. Management structures and systems</p> <p>The organisation has a clearly defined management structure and effective management systems.</p>	<p>A copy of the Organisational Chart was located in the documentation made available to the Evaluation Team.</p> <p>Detailed procedures are in place to support the management of the service and are reinforced by SMART (specific, measurable, attainable, realistic and timely) goals and SWOT (strengths, weaknesses, opportunities, and threats) analysis.</p>	<p>The Board members are clear about the role of governance they undertake.</p>

General Report

1. Autonomy(Self-determination)

Minimal or no personal autonomy.	Choices are controlled within the parameters defined by others.	There is a developing understanding of the difference between choice and autonomy.	Individuals are encouraged to make some decisions. Effective communication is developed to enable decision making.	Decisions and choices are well informed. Person focused negotiation and dialog are evident.	Personal autonomy is supported, encouraged and informed. Decisions are reflected in the supports provided and personal aspirations.	Autonomy suggests personal confidence that the service will be responsive.
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The people spoke about the staff being responsive to queries and encouraging them to make decisions about activities they would like to participate in.

The Evaluation Team was told about new activities the people had suggested they would like added, more recently these included reading, golf and boxing. We also heard about an innovative approach by the staff to presenting activities. Exercise had not been a popular choice but when the options of Swing Dance and Tai Chi were added they have proven to be very popular. The staff commented the uptake has been significant and the people are really benefiting from the exercise these options have now they are represented under another guise.

Personal Plan

Personal plan based on assessed deficit or perceived need.	No plan.	Components of a personal plan evident.	Personal plan (individual input, strengths based, preferences, aspirations, goals, timeframes and resources attached).	Plan implemented with resources.	Plan reviewed (achievements noted and adaptations made).	Themes evident in personal plans are a basis for service development.
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Each person has an Individual Client Plan in their file. The plan includes an area of focus (eg, cognitive, physical), skills, needs, goals, outcomes, strategies and evaluation. In some cases the plans we sighted were very similar and did not appear to reflect the person centred approach seen elsewhere at FMN.

The Mission Statement of FMN includes *“to provide quality day care for adults who are socially isolated through disability, by providing life skill development”*. We encourage the service to review the method and paperwork used in developing the plans so the goals are aspiration based and individualised. We discussed the use of a single sheet format placed in a location that the volunteers and the staff can access easily. We encourage all those involved in supporting the clients to be familiar with the individual goals so they can promote positive outcomes in line with the person’s plan. Refer <http://www.tuhana.org.nz/index.php/personal-planning> .

Recommendation:

1. Review personal planning and associated training for the staff and volunteers.

2. Natural Authority

Individuals and their families have no input into the service operation or policy.	Involvement by others is limited to minimalistic information gathering.	Involvement by others is tokenistic (presence without support or encouragement).	Family members and service users have limited involvement through meetings/hui.	There is a link between consumer forums and governing/management forums through representation.	Individuals and/or their family members are supported to be involved at multiple forums including governance.	The service is consumer driven.
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The current Board includes representation of both ex-clients and families of the service. All of the families we interviewed spoke very highly of FMN. Comments included *"if it was open seven days a week, X would want to go"* and of FMN being central to families being able to stay together longer.

The people who attend the service that were interviewed consider their points of view are sought and listened to. There is an open door policy with the Manager who was observed to take time to join in and chat with the people and their families.

Strategic Plan

Strategic plan developed with no input from service users or families.	No plan.	Elements of a strategic plan can be found in various documents.	A strategic plan is developed by the management of a service.	A strategic plan is circulated to individuals and families for comment.	The strategic plan involves limited input from individuals and/or families.	Individuals and families routinely have input into the development and review of a strategic plan.
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Surveys are conducted annually and we were shown the most recent feedback forms. We were told this information is used for service development.

A draft of the Strategic Plan is currently with the Board for review. A copy of the 2014 Business Plan was provided to the Evaluation Team, it included comments and feedback from the clients, families and the volunteers.

We discussed how the Strategic Plan could be best presented to the stakeholders, other than the Annual General Meeting which is reported to be poorly attended. This is in contrast to the high number of responses to the annual feedback process. It may be worthwhile to canvas responses from the stakeholders at the Open Day in September and gauge preferences for receiving information on the Strategic Plan.

3. Identity

Individuals are part of a group with a group identity. Individuals are categorised.	Some self expression is encouraged within parameters defined by others. There is an emphasis on conformity.	The service is able to accommodate some forms of self-expression. Some limited thinking restricts the expression of some people.	Individual expression is encouraged and used as a foundation for communication and discovery.	Individuals are supported to express themselves, seek out other groups or individuals with similar identity. Personal decisions are <i>informed</i> and based on their particular interests.	Individuals are confident to express themselves as individuals and give voice to their aspirations.	The service is able to adapt to each unique situation and support individuals to explore their world/self identity.
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During the on-site visit the Evaluation Team observed the community aspect of FMN; the frail and elderly were interacting with the younger clients. There was mutual respect between the clients, the staff and the volunteers.

FMN is committed to supporting people in line with their individual needs. For many of those we met this has led to their families being able to continue to live together for a longer period than they had thought possible and to continue a lifestyle they value.

4. Belonging

Individuals are isolated from their community, religion, culture and family/whanau.	Involvement in the community is negotiated by others and is typically group based. Family contact is minimal. Cultural/religious involvement is group based, segregated or tokenistic.	Involvement is based on personal choice and preference. In many cases involvement is on an individual basis.	<i>Individualised</i> involvement in regular community activities is supported and encouraged. Family/external provider contact is positive and encouraged. Cultural/spiritual links (where desired) are encouraged.	Involvement is <i>established</i> on an ongoing basis. Support aims to maintain long term involvement.	<i>Natural support</i> networks are established to maintain involvement in family, culture, religion and other favoured activities.	Individuals are <i>valued</i> participants in their community, culture and family.
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Refer Identity. FMN provides support to a broad cross section of the community. The people who attend have diverse needs that appear to be well met within the environment created by the service.

The values of NDCT include the service providing a nutritious meal at lunchtime and transport so that those who wish to can get to and from the centre in Tikipunga.

5. Customised Supports

Individuals are required to “fit” existing options.	Some individual options are supported outside the service structure. Often outside options are group based and choices are minimal.	Some planning for individuals is evident but poorly defined and/or implemented. Resource issues are the main limiting factors in responding to personal preferences.	Personal plans are complete and the resources required to support specific goals listed. Individualised support is the basis of most activities.	The service attempts to respond to each individual’s aspirations in creative and innovated ways. The concept of using natural supports is acknowledged and understood.	The service actively seeks to understand and provide the resources required to support individual aspirations. Natural supports are an established part of the culture of customised support.	Supports and resources are tailored to individual preference and aspiration.
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Refer Personal Plan and linked recommendation; whilst FMN offers an individualised service, personal plans appear to be more generic. We encourage applying a person centred approach to goal setting to reflect the values of the organisation and the diversity of the community it supports.

6. Opportunity

Individuals are part of a service system. Opportunities for personal development outside segregated group based activities do not exist.	Some activities are located outside the service. Some activities outside the service are attended by individuals but most are group based and/or segregated.	The service has developed some understanding of community based organisations that may offer access and opportunity to individuals or groups. The service has limited understanding of rights statements.	The service is aware of the rights of citizens to have equal opportunities and rights of access. The service has established some individuals in chosen community based organisations, events or services.	Many individuals participate in non-segregated community based activities. Activities may lead onto other opportunities or may themselves represent the completion of specific aspirations.	The service is knowledgeable about the rights of citizens. The service has extensive links with community based organisations and services. Individuals are active participants in establishing these links.	The service support individuals to access organisations, services and events that will <i>enable</i> participation and personal growth.
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We learnt about the facility providing rooms for the people and their families to meet with external agencies, rather than travelling across the city. A number of external agencies have links with FMN and these are listed in their brochure.

However, we encourage the building of relationships with the external residential services some of the clients are supported by to provide:

- transparency
- sharing of protocols such as when a person is ill and needing to go home
- transport and meals
- increased clarity and consistency for the person.

We also suggest discussing aspiration based planning with these agencies to avoid duplication.

Recommendation:

2. Schedule meetings with external residential providers to promote clarity and consistency.

7. Partnership

Individuals excluded.	Individuals are included according to pre-set agendas. Involvement is tokenistic.	Some individuals are involved in decisions affecting themselves personally but there is limited involvement in management decisions.	Personal communication systems are integral to assisting individuals to be involved in decision making processes. Keeping people informed is a central process for the service.	The service provides transparent decision making processes that are understood and accessible to service users and their families. Consumer involvement is built into service policy.	Individuals are included in all decision making processes that affect them personally and which indirectly affect them through service policy and decision making systems.	Partnership is the basis of all transactions that involve or affect service users and/or their families.
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Consultation with the people and their families occurs regularly, both formally and informally. As noted in Opportunity, we recommend a continuation of the focus on individuals and meeting their needs whilst building partnership with the external residential agencies involved in the person's life.

8. Safety

Systemic abuse and/or neglect evident.	Occasional abuse and/or neglect of individuals is evident.	Reactive processes to reduce or eliminate abuse or neglect are developed.	Individuals are excluded from service processes.	Many generic safeguards are in place.	Comprehensive generic safeguards have been developed with input from individuals and families and external providers.	Personalised safeguards are developed with individuals.
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The Evaluation Team was told a talk was held on Safety First and specifically on the use of fire extinguishers. The talk was delivered by Building and Fire Services; the clients and staff attended together.

NDCT believes it is important that it holds a role in the prevention of abuse and neglect of the vulnerable in the community. The role involves awareness, education and helping in the relief of those in the full time care of families. Links with the local external agencies of Northable, Age Concern, and Health and Disability Advocacy Services are in place.

Information on safeguarding personal safety is collected and reviewed periodically. To add to the information collected by FMN staff and shared with the residential service providers, we recommend this be reciprocated (see recommendation 2). We anticipate this will help ensure Risk Management Plans are kept current and promote a consistency of support for the person across agencies.

9. Clarity

Conflicting priorities and practices are evident.	The service attempts to define what it is doing.	The service assesses the relevance and effectiveness of values and services.	The service develops key goals, practices and decision making processes.	The service educates individuals, families and staff regarding direction, priorities and practices.	Individuals, family and staff input into a shared frame of reference.	Agreed goals and processes are developed on an individual basis.
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The families spoke of regular communication and a close regard for the welfare of their family member associated with FMN. They also commented on the respect they are shown and the willingness of the staff to share ideas.

As commented on elsewhere in the report, the families identify FMN as a vital part of sustaining a person's lifestyle. It was interesting to note the staff and volunteers are recruited based on the personal qualities they exhibit. The Manager commented training is provided along with experiences to further develop the staff and volunteers.

The feedback forms we sighted were collated and the following areas were highlighted for positive comment by the families and clients:

- socialising and friendships
- activities and outings
- staff attitude.

10. Cohesion

Individuals (staff) are actively eroding cohesion.	An authoritarian approach to minimising confusion and conflict is evident.	Conflict is used to understand service/team challenges.	Roles, responsibilities, channels of communication, and objectives are clear.	Individuals feel valued when they demonstrate effective practice.	There is a sense of 'teamwork' and shared responsibility.	The team is characterised by mutuality, respect, valuing diversity and innovation.
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A quote from one of the family members was *“the staff are supportive, intelligent and listen to my concerns. I feel confident X is in capable, caring hands with people who treat him with dignity, humour and compassion”*.

Our observations include the staff and clients showing equal and mutual respect for each other. The people who attend FMN are encouraged to self-direct and make their own choices, for example in their programme. Activities are varied with artwork and crafts being produced for the Community Open Day in September. Many of the people we spoke to, including the staff and volunteers, are looking forward to the event.

11. Commitment

The culture of the service is characterised by fear and suspicion.	Irregular, reactive damage control.	Clarification of service scope and responsibility.	The service has a planned approach to core issues eg, staff retention.	The service educates staff and individuals regarding service intentions and policies.	Individuals, families and staff share ideas and expectations.	Individuals, families and staff have trusting partnerships.
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Refer Clarity.

The staff and volunteers are long serving and spoke of their commitment to improving people's quality of life. FMN supports those families who are committed to having their family member live at home for as long as possible. (See recommendation 2 regarding external residential services.)

12. Cost Effectiveness

Service practices are overtly wasteful of resources.	The service has no or limited awareness of how resources are used.	Processes are in place to track the use of resources.	The effective use of resources is analysed.	Strategies are in place to maximise cost effectiveness.	Service practices are sustainable.	Costs reduce through the effective use of natural support and generic resources.
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NDCT is mindful of using its resources effectively; this is evident in the use of volunteers and fundraising being a priority for the Manager. We were told a van has recently been gifted to the Trust by a local community organisation. The local Lions Club has assisted in the building of raised planter boxes and the people have planted produce in them that is used in the kitchen to prepare meals at lunch time. Any surplus vegetables are gifted to the people and their families. Frozen meals are also made for resale.

During the evaluation there was discussion on funding changes. The discussion also led to possible contributions from other agencies using FMN and diversifying further.

13. Continual Development

Service quality is deteriorating.	The service reacts to decreasing quality on an issue by issue basis.	A comprehensive review of services is used as an initial step to creating better services.	The service clarifies direction, priorities and key quality processes.	Thoughtful planning and review processes are developed to increase quality.	Integrated processes continually monitor quality.	The service pioneers best practice and reviews effectiveness.
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FMN appeals to and serves a broad cross section of the community within a welcoming environment. It provides opportunity for the clients to meet with others from different backgrounds and areas of the city. We met with people who have made friendships outside their usual social circles and value what this has added to their lives.

Training

Training not linked to sector or service values.	No training.	Piecemeal and/or reactive training.	There is a plan for occasional training events.	Basic training can be easily accessed and additional training is available irregularly.	Regular staircase training.	Training contributes to current or emerging best practice.
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All of those offering a support role, including staff and volunteers, have current First Aid Certificates. We were told about staff being offered an opportunity to undertake paid study in Diversional Therapy. Care Giving Competency qualifications are also offered and links with other agencies provide opportunities for the staff and volunteers to broaden their knowledge base. An occupational therapist visits FMN and provides another resource for the staff and volunteers.

Summary of Recommendations

1. Review personal planning and associated training for the staff and volunteers.

Performance Measure

Policy and procedure.

Training.

Evaluate.

2. Schedule meetings with external residential providers to promote clarity and consistency.

Performance Measure

Confirm areas for clarification and information sharing.

Schedule and minute meetings.

Update policy as required.

Update personal files and ensure the staff and volunteers are aware of updates.

Suggested Follow-up

The SAMS Evaluation Team suggests a follow-up visit occurs in 24 months or at the request of the Ministry of Health.

Appendix 1

Documents sighted during the evaluation:

Marketing Brochure
Business Plan 2014
Quality Manual
Policy and Procedure Manual
Ministry of Health Narrative Reports
Board of Trustee Minutes
Progress Notes
Individual Files
Client Information Form
Newsletters
Feedback Forms 2014 and 2015
www.adulthooddaycentre.co.nz
Financial Reports
Client Care Plans
Staff Meeting Minutes
Entry Pack
Organisational Chart
Complaints Process
Health and Safety Manual
Food Handling Manual