



**SAMS EVALUATION REPORT  
FOR THE MINISTRY OF HEALTH**

**SPECTRUM CARE  
RESPITE SERVICES,  
AUCKLAND**

**2 STURGESS ROAD, HENDERSON**

**6 ORAKAU ROAD, MANGERE EAST**

**13 CYCLAMEN ROAD, MANGERE**

**7 PACKHAM ROAD, BEACH HAVEN**

**REPORT STATUS: FINAL**

**DATE OF VISIT: 17-21 May 2010**

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**FINAL REPORT AGREED: 8 June 2010**

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***Standards & Monitoring Services***

• evaluation and development of services for people with disabilities

## TABLE OF CONTENTS

	<b>Page</b>
SAMS Evaluation Methodology	3
Groups of People Spoken to During Evaluation	3
Documentation and Records Reviewed	3
Service Description	4
Overview	4
General Reports	
Sturgess Road	6
Orakau House	9
Cyclamen Road	12
Packham Road	16
Requirements and Recommendations	19
Follow Up	19
Appendix One	20

## **SAMS Evaluation/Audit Methodology**

The SAMS Multi-Perspective Approach (MPA) primarily uses qualitative methods and a partnership model. The methodology is consistent with principles of consumer focus, partnership, inclusion and 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 each team includes at least one consumer or family member as a full team member. Team Leaders and Team Members receive comprehensive training (250 hours and 150 hours respectively) and are accredited by SAMS for a defined period. Information is gathered through observation, individual and group interviews, and 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.

The Evaluation Team would like to thank service users, families/whanau, staff and management for the contributions each one has made toward this evaluation.

## **Groups of People Spoken to During Evaluation**

During the visit, the SAMS Team interviewed 28 families/caregivers of 102 families that use Spectrum's respite service; of these 32 families access Sturgess Road, 23 Orakau House, 27 Garden Court, Cyclamen Road, and 20 Packham Road. We also met with children accessing respite at the time of our visit, five Support Workers, three House Leaders, four Service Co-ordinators, a Team Leader, the Service Manager for Child, Youth and Respite, the Manager of Quality and Risk and the General Manager of Operations.

## **Documentation and Records Reviewed**

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

## **Service Description**

Spectrum Care is bulk funded to provide respite services at three nominated homes:

- 2 STURGESS ROAD, HENDERSON
- 13 CYCLAMEN ROAD, MANGERE
- 7 PACKHAM ROAD, BEACH HAVEN for children aged between five and up to 17 years.

Each house is able to take up to five children at a time.

A fourth home operates under a respite contract entitled 'Specialist Residential Respite Service for Babies and Children with Multiple Disabilities and/or an Intellectual Disability'. This service at 6 ORAKAU ROAD, MANGERE EAST is for children under the age of five; the service offers day respite for seven children and five overnight.

## OVERVIEW

Spectrum Care provides a variety of services including behaviour support, transition, adult services, home support and community cultural services in addition to the respite services visited. A team referred to in the report as Child, Youth and Respite (CYR) provides services to two age banded groups of children and their families within the Auckland region - one for under 5 years and three for under 17 years.

The houses visited are underpinned by the values and philosophy of the organisation. The families reported their children are happy to visit the nominated respite house where they have built relationships with staff and other children accessing the respite. The families of older children shared their concerns about the availability of respite over the age of 17 within the service and perceived waiting lists at adult respite service providers in Auckland. They commented on choices being limited if they did not want to consider full residential care for their young adult once they can no longer access Spectrum's respite homes.

Spectrum Care have supported and developed a model of CYR Family Governance at the respite houses for children over 5 years of age to encourage family input into service development. Highlighted by management, and in Spectrum Care's Strategic Plan, is the desire to engage more effectively with families. In some houses, this has been more effective than others. Co-ordinators are working on ideas to engage families in other ways such as open days where attendance at Family Governance forums has been less successful. We encourage the management team to formulate guidelines for the Family Governance model including ensuring confidentiality on matters that may be discussed at house meetings.

Implementation of new systems and streamlining of paperwork was evident in the houses visited, consequently the families commented on improved communication with the hands on staff. We encourage the co-ordinators to continue fine tuning policies, procedures and supporting forms so they are respite specific rather than working with existing models used in adult services. Regular meetings are held within the management team to discuss CYR issues, waiting lists, support requirements and clinical input. Spectrum staff also promote interagency meetings with services impacting on respite care offered such as specialists, behavioural support services and schools.

We would like to thank all those who took part in the evaluation, for their open and constructive input to the process.

## GENERAL REPORTS

### 2 STURGESS ROAD, HENDERSON

**Standard 1: Respect and Rights** – *Children/tamariki receive safe and reasonable service in a manner that is respectful of their rights, minimises harm and acknowledges their cultural and individual values and beliefs, dignity and consideration.*

Steps have been taken to provide a stimulating environment for children accessing respite at Sturgess Road. The families talked about their children feeling it is 'their other home'.

The staff provide information to children in a visual and/or verbal manner to suit their communication style. A visual prompts board is displayed in the dining area that seems to be a focal point for many of the children after school. Activities available to the children are age appropriate. Co-ordinating rosters so children of similar ages visit at the same time makes this occur more easily. In addition, the layout of the home allows the children to have time away from others if they wish with a large play room and converted arts space. At the time of our visit, some of the children were enjoying making paper planes and flying them.

The staff are respectful of the preferences of families concerning cultural and spiritual wishes. For example, one family has requested their son say prayers at bedtime, this was reiterated in both support and care plans at the house. Spectrum Care has a Cultural Policy made available to all staff; services are also provided within Spectrum and are referred to as Pacifika and Awhi.

**Standard 2: Service users and Access to the Service** – *The service is provided for family/whanau/caregivers caring for children/young person. "Out of family" respite is short term, intermittent care.*

Families enter a planned transition when entering respite for the first time at Sturgess; this can vary from family to family to meet their needs. Processes regarding how the house operates are explained and the families are aware respite is for specific periods. Schedules are planned three months in advance and discussed with families. Home agreements are then signed by the families and Spectrum staff. These agreements form the basis of the entry pack and contain information relating to the child, this is used by staff to prepare the initial care plan. We encourage Spectrum to review the document to ensure it contains all relevant consents such as the taking of photographs. The families reported that they enjoy seeing the visual record the staff provide of what activities their children have been doing when at Sturgess Road and it would seem more appropriate to include this consent at the time of entry to respite.

As mentioned in the overview, the young people and their families are concerned about what will happen when the person turns 17 as Spectrum no longer offers respite at this age. Greater liaison and information for families from the NASC should be considered to assist in planning and transition.

**Standard 3: Individual Plans** - *An individual (care) support plan is in place for all children/young people using the service.*

Care plans were sighted in the individual files; the families have provided input into the plan's development and annual review. Goals are identified and directed by families for their child to focus on with support staff during their respite stay. Many of the goals sighted had a personal care focus and appeared task specific. Goals are also attached as a bookmark to individual diaries to remind staff what each child is working on.

Key staff are identified for each child in regard to goal monitoring. Information and progress is recorded and entered into the child's records and diaries that travel with them between home and Sturgess Road. We encourage the staff to consider broadening the scope of the goals rather than them becoming too narrow in detail. In addition, it would be advantageous for the staff to be aware of the goals a child may be working towards as part of their IEP at school for a consistent approach during respite.

**Standard 4: Service Delivery** – *The preferences and choices of children/young persons are respected and individuals are supported to achieve their aims and aspirations. Programmes focus on the achievement of positive outcomes for individuals such as increased independence, self-determination and integration in the community.*

The children staying at Sturgess Road at the time of our visit appeared relaxed and happy; feedback from their families was positive. Communication between home and Sturgess Road was regular and the families reported they receive information about the service and updates from the Co-ordinator regularly. In addition, photos and updates in the child's communication diary were appreciated. As well as the Family Governance Group, Spectrum Care is exploring other ways it can engage with families, including surveys and telephone contact.

The staff have optimistic expectations of what the children will achieve such as making their bed. The families commented on being amazed at pictures of their children doing things they are not keen to do at home.

The staff access the Behavioural Support Team when required and will liaise with schools to work in partnership to support children when necessary with family approval. Risk management plans are in place and are reviewed regularly to ensure they are still current and relevant.

Spectrum Care supports staff training for CYR staff; currently the house leader is undertaking the Leadership Training offered to her by the service. Spectrum Care offers in-service and externally facilitated training for all its staff. After reviewing the training undertaken by the respite staff, we would encourage management to consider more disability specific training appropriate to the needs of the children accessing respite. Art appears to be an enjoyable activity for many of the children hence the service may wish to consider the benefit of using an art therapist to spend some time with staff to learn additional skills to use at the respite house.

### **Standard 5: Quality Requirements**

The family interviewed were aware of the communication channels within CYR and the service's complaints process. Staff meetings are conducted regularly at the house and are documented. Co-ordinators also meet regularly as a team to discuss issues relevant to CYR.

In addition to the Family Governance Group, Sturgess Road has a Service Plan with goals identified for its development. A copy of Spectrum Care's formal Quality Plan and Strategic Plan were made available during our visit.

### **Recommendations**

1. Streamline CYR policies and forms including the home agreement to contain consent documentation.

## 6 ORAKAU ROAD, MANGERE EAST

**Standard 1: Respect and Rights** – *Children/tamariki receive safe and reasonable service in a manner that is respectful of their rights, minimises harm and acknowledges their cultural and individual values and beliefs, dignity and consideration.*

The staff provide a safe environment for children aged under five who have a disability and/or are medically fragile and/or are technology dependent. The respite service also includes providing transition to new mothers and their medically fragile babies when leaving hospital for the first time. Due to the health needs of the babies and toddlers, a registered nurse is rostered on a 24 hour basis along with trained support staff. Most families access additional local medical services for their children. Professionals from the services are welcomed to visit with the children under their care during respite at Orakau House.

The Co-ordinator and the Service Manager are mindful of ensuring appropriate advocacy and the legal rights of the children are upheld during the CYR with Spectrum Care.

An age appropriate environment is created for the babies. As discussed during the feedback, we encourage the staff to explore the addition of friezes and/or mirrors at a lower height in the lounge for babies to enjoy when playing on the floor with staff.

**Standard 2: Service users and Access to the Service** – *The service is provided for family/whanau/caregivers caring for children/young person. “Out of family” respite is short term, intermittent care.*

A brochure detailing what Orakau House offers was made available to us. We understand prior to a family being able to access Orakau House they are required to have a formal diagnosis for their child. At times this can be frustrating for families who receive a diagnosis sometime after discharge from the hospital.

The scope of the contract excludes ‘Children who are mobile, over 5 years of age and are not receiving ACC funding’ (Contract Entitled ‘Specialist Residential Respite Service for Babies and Children with Multiple Disabilities and/or an Intellectual Disability’). The families are keen to promote milestone development for their children in areas such as mobility but are concerned if their child becomes mobile they may be excluded from the respite service they need. We encourage discussion at senior management level to determine the scope of the contract in regard to children who become mobile.

The home contains two play areas that can be adapted. Furthermore, the staff have identified the need to continue to provide respite for families with children under 5 who may be excluded from the criteria and consider they

could adapt a model of compatibility used at the other Spectrum operated respite houses. For example, Orakau House could provide respite for mobile toddlers on nominated days during the week.

When children turn five, their families may access respite with another service provider supporting children with physical disabilities. At this time care information is not transferred with the child. We encourage the staff to work with families to determine what information on support strategies may be worthwhile transferring to another respite service provider.

The families provide their child's clothing, medications and in some cases food during respite stays at Orakau House. Some families have developed their own protocols to inform staff of changes in their child's care. Support staff have worked positively with families to meet their needs. The Co-ordinator discussed with us introducing communication notebooks with families as a way of recording information such as inventory, feeding and the changes that regularly occur in a baby's medication regime when they are young. As mentioned in the overview, it is timely to review policies, processes and supporting forms to offer consistency and effective tools in all respite houses.

Orakau House staff make an effort to be adaptable to meet the unforeseen scheduling changes that occur due to a baby's ill health or the short scheduling of specialist meetings. The staff endeavour to keep families regularly informed of changing respite availability.

A positive and open relationship exists with KidsFirst staff based at nearby Middlemore Hospital. New staff in the neonatal unit visit with Orakau staff to understand what is offered to families at the Spectrum respite service, including transition for new mothers whose children meet the entry criteria. We encourage Spectrum Care to broaden its promotion of the service so that more families across Auckland become aware of its specialised respite facility at Orakau House.

**Standard 3: Individual Plans** - *An individual (care) support plan is in place for all children/young people using the service.*

Care plans sighted have a strong emphasis on the improved health and wellness of the babies. Daily notes are kept of each child accessing respite. The families spoke of being made welcome to stay at Orakau to talk with staff about their child's care and to oversee feeding if they wish.

**Standard 4: Service Delivery** – *The preferences and choices of children/young persons are respected and individuals are supported to achieve their aims and aspirations. Programmes focus on the achievement of positive outcomes for individuals such as increased independence, self-determination and integration in the community.*

The families receive regular feedback from staff when they collect their children at the end of their respite stay. They also commented that the staff attempt to be responsive to their needs in regard to therapies, visiting specialists and feeding regimes.

The staff work within a clinical model of care due to the fragile health of the babies in their care but were observed to be sensitive to the needs of both parents and their babies.

Orakau House aims to support babies with medical needs whilst providing a homelike atmosphere. This appears to happen naturally within the service other than the paperwork that contains notes referring to 'admission' and 'discharge'. We encourage the staff to ensure paperwork reflects the empathy they display.

Orakau House is fortunate to have long term committed staff with a large pool of casual relief staff who know the service well.

Risk assessments are reviewed for each baby entering Orakau House. Assessments include identifying risks on an individualised basis. This process also applies to care plans. We understand there had been miscommunication regarding medication changes recently. The family involved reported support staff have worked effectively with them to resolve the issue to the benefit of their child. Spectrum Care is currently reviewing its Medication Policy across the service; we suggest all families using respite have the opportunity to comment on the updated processes prior to its implementation.

### **Standard 5: Quality Requirements**

A Family Governance Group does not operate at Orakau House; however, the families interviewed commented on being clear about communication channels within the service.

The staff have regular staff meetings to discuss reviews and specialist input for those they support.

### **Recommendations**

1. Review the scope of the contract at Orakau House in regard to 'Exclusions'.
2. Broaden the marketing plan for Orakau House.

## **13 CYCLAMEN ROAD, MANGERE**

**Standard 1: Respect and Rights** – *Children/tamariki receive safe and reasonable service in a manner that is respectful of their rights, minimises harm and acknowledges their cultural and individual values and beliefs, dignity and consideration.*

The families reported their children enjoy the time they have at Cyclamen Road, referred to as Garden Court. The children are given a range of options for activities after school and at weekends. A structured holiday programme is also available for the children at the end of each term. Activities are multi-sensory; the children can be involved in clay/flour moulding or choose to have a physical outing like go for walks or play ball games. Activities vary to suit the age of the children accessing respite at the time.

The efforts of the House Leader and the Co-ordinator to group children more effectively have been seen as a positive move by parents. Ensuring the children who enjoy the opportunity to socialise with their peers are grouped together has been well received by the families. Girls' weekends have also been a welcome introduction for those who participate. Comparisons on support needs and behavioural support strategies are assessed as part of roster development.

The staff are respectful of the preferences of families concerning cultural and spiritual wishes in line with Spectrum Care's Cultural Policy which is made available to all staff.

**Standard 2: Service users and Access to the Service** – *The service is provided for family/whanau/caregivers caring for children/young person. "Out of family" respite is short term, intermittent care.*

Families enter a planned transition when entering respite for the first time within Spectrum Care. This can vary from family to family to meet their need, one family spoke of having several visits with and then without parents before the first sleepover. They appreciate the staff support in allowing this to occur in a timeframe best suited to their child's needs. Processes regarding how the house operates are explained to the families and they are aware respite is for specific periods in line with NASC approval. Respite schedules are planned three months in advance and discussed with the families.

Home agreements are signed by the families and Spectrum staff and then transferred to the child's individual file. These agreements form the basis of the entry pack, information from the family regarding the child is used by the staff to prepare the initial care plan. We encourage Spectrum to review the document to ensure it contains all relevant consents such as the taking of photographs. The families reported that they enjoy seeing the visual record the staff provide of what activities their children have been doing when at Garden Court and it would seem more appropriate to include this consent at

the time of entry to respite.

As mentioned in the overview, the young people and their families are concerned about what will happen when the person turns 17 as Spectrum no longer offers respite at this age. Greater liaison and information for families from the NASC should be considered to assist in planning and transition.

**Standard 3: Individual Plans** - *An individual (care) support plan is in place for all children/young people using the service.*

Care plans were located in the individual files; the families have provided input into the plan's development and again at review. Goals are identified and directed by families for their child to focus on with their key support staff during the respite stay. Many of the goals sighted had a personal care focus and appeared task specific, such as brushing teeth. Key staff are identified for each child in regard to goal monitoring. Information and progress is recorded and entered into the child's records and diaries that travel with them between home and Garden Court. We encourage the staff to consider broadening the scope of the goals rather than them becoming too narrow in detail.

The staff at Garden Court have identified the value of being aware of what a child's goals may be at school via the IEP process. The House Leader recently made a visit to one of the children's schools so consistent strategies can be worked on in line with the school when the child is staying at Garden Court.

**Standard 4: Service Delivery** – *The preferences and choices of children/young persons are respected and individuals are supported to achieve their aims and aspirations. Programmes focus on the achievement of positive outcomes for individuals such as increased independence, self-determination and integration in the community.*

The families interviewed commented on the improved communication between respite and home; the photographs the families receive are appreciated.

The Family Governance Group has been operating at Garden Court for some time; numbers vary and the service is exploring other ways it can engage with families, including surveys and telephone contact.

The staff have optimistic expectations of what the children will achieve, such as assisting with chores around the home in the morning and again in the evening. The families commented on being surprised at hearing from staff what their children were doing around the house to help and are keen to use these strategies for when the children are not at respite.

The staff access the Behavioural Support Team when required and will liaise with schools to work in partnership to support children when necessary with

family approval.

Risk management plans are in place. The service has recently reviewed individual assessments to identify children at high risk. Six children have been identified as requiring a higher level of support during their stay at Garden Court. Referral was made to the NASC on May 19<sup>th</sup>, 2010 but to date Spectrum Care has not received a response to the request for an improved staff ratio at the times these high risk children access respite. A major incident at the house in February has led to identifying within each child's file those at risk of absconding. Whilst waiting for response from the NASC, the staff at Garden Court are implementing strategies such as reviewing combinations of children staying together, reviewing activity options and the strengthening of environmental restraints.

We were shown a pack all staff take with them when taking children for community outings. The pack includes a cellphone, first aid box and emergency/crisis information. We encourage the service to act promptly and liaise further with Taikura Trust regarding the referral discussed at the meeting of March 18<sup>h</sup> and again on April 1<sup>st</sup> 2010.

Garden Court previously had three gates to access the front of the property and the park at one side. Two of the gates have been permanently fixed and now appear to be part of the fence lining three sides of the home. The third gate has a combination lock on both sides, an audio alarm and an automatic swing closure. In addition, at the time of our visit a metal fence was being erected at the front of the property facing the road. The staff are keen to plant out the metal fencing to retain a homely feel from the roadside. Further steps have been made for the staff to identify children they will be supporting during their shifts. This information is held in the Staff Communication Book so it can be reviewed at staff meetings.

Resource consent approval is pending from the local City Council to increase the fence height on the side where it faces the public park. Once again, we encourage Spectrum Care follow up the consent with some urgency via the service's Property Manager.

Spectrum Care supports staff training for CYR staff; currently the Co-ordinator is undertaking the Leadership Training offered to her by the service.

### **Standard 5: Quality Requirements**

The family interviewed were aware of the communication channels within CYR and the service's complaints process. Staff meetings are conducted regularly at the house and are documented. Co-ordinators also meet regularly as a team to discuss issues relevant to CYR.

In addition to the Family Governance Group, the Co-ordinator has invited all families accessing Garden Court to have input into the house's Quality Plan.

A copy of Spectrum Care's formal Quality Plan and Strategic Plan were made available during our visit.

### **Requirements**

1. Follow up referral to NASC regarding increased levels of support.

*Performance Measure*

Confirmation from Taikura Trust on outcome.

2. Follow up resource consent to increase the height of the fence.

*Performance Measure*

Consent and fence height increased.

### **Recommendations**

1. Streamline CYR policies and forms including the home agreement to contain consent documentation.

## **7 PACKHAM ROAD, BEACH HAVEN**

**Standard 1: Respect and Rights** – *Children/tamariki receive safe and reasonable service in a manner that is respectful of their rights, minimises harm and acknowledges their cultural and individual values and beliefs, dignity and consideration.*

The philosophy of this respite house is to provide a safe, secure, caring and warm atmosphere for all the children and their families receiving respite care at Packham. The stated philosophy also refers to encompassing Hauora to promote a supportive and loving home for the children during their respite stay.

Paperwork sighted and observations during our visit reflect this philosophy. The children are treated as individuals and the staff promote opportunities for individualised activities as much as possible. After school the children were assisting with grocery purchases, going swimming and getting involved in art and games. File notes are clear and valuing of the children and their families.

The staff have consulted with schools attended by the children to discuss communication systems. The Behavioural Support Team provides PECS for use at Packham House so there is continuity for the children.

The staff have also attended Strengthening Families meetings when requested by families and see this as part of promoting the rights of the child and their family.

**Standard 2: Service users and Access to the Service** – *The service is provided for family/whanau/caregivers caring for children/young person. “Out of family” respite is short term, intermittent care.*

Families enter a planned transition when initially entering respite with Spectrum Care. This can vary from family to family as the staff are mindful of families being comfortable with the service before leaving their child to stay overnight. Processes regarding how the house operates are explained to the families and they are aware respite is for specific periods in line with NASC approval. Respite schedules are planned three months in advance and discussed with the families.

Home agreements are signed by the families and Spectrum staff and then transferred to the child’s individual file. These agreements form the basis of the entry pack, information from the family regarding the child is used by the staff to prepare the initial care plan. We encourage Spectrum to review the document to ensure it contains all relevant consents such as the taking of photographs. The families reported they enjoy seeing the visual record the staff provide of what activities their children have been doing during their respite stay; it would seem more appropriate to include this consent at the time of entry to respite.

The staff add a photograph of who will be staying in each room and add appropriate bedding such as duvet covers that appeal to the interests of the child.

As mentioned in the overview, the young people and their families are concerned about what will happen when the person turns 17 as Spectrum no longer offers respite at this age. Greater liaison and information for families from the NASC should be considered to assist in planning and transition.

**Standard 3: Individual Plans** - *An individual (care) support plan is in place for all children/young people using the service.*

Each individual is encouraged to reach their full potential and achieve their goals during their stay at Packham House. Whilst the families tend to identify goals they think worthwhile for their child, the staff are keen to offer an aspiration based approach similar to that seen at adult residential services. They consider this would offer a focussed 'fun' perspective to the process already undertaken at respite.

We would also encourage the staff to consider broadening the goal setting focus rather than being task specific. For example, 'to keep pants up until he reaches the toilet' could be broadened to 'continue improving his personal care routine'. The steps for this process could therefore be broadened and monitored in a proactive manner.

**Standard 4: Service Delivery** – *The preferences and choices of children/young persons are respected and individuals are supported to achieve their aims and aspirations. Programmes focus on the achievement of positive outcomes for individuals such as increased independence, self-determination and integration in the community.*

The preferences and choices of the children concerning activities are carried across into the activity schedule designed each week. The staff were observed working with the children and redirecting them when appropriate. The house has a small open plan living, dining, kitchen area and at times the staff are creative in how they manage this. A large activity room has been developed under the house but external access is the only way to reach the room. If five children were staying at one time, we imagine the living space would become quite cramped. At the time of our visit, three young people were at home along with support staff for a period of time after school and although the home has a large garden with play equipment, in wet weather indoor space is limited.

Application to the service's Property Manager has been made to review the height of the back boundary fence, which faces onto bush so that it better meets the needs of the children visiting the respite house. The staff and children access the bush walks through a nearby designated access way.

Spectrum Care is encouraged to finalise discussions concerning a change in fence height.

The model of Spectrum's Family Governance Group has been initiated at Packham House. Unfortunately to date there has been little response from families. The Co-ordinator, in line with Spectrum's Strategic Plan, is trialling another strategy to improve engagement with families. She will be based at the house for two nominated days and the families will be invited to call in and discuss the service their child is receiving and any feedback they may wish to make. The families spoken to believe this will fit more easily within their lifestyle and other commitments.

Spectrum Care offers in-service and externally facilitated training for its staff. On reviewing the training undertaken by the respite staff, we would encourage management to consider more disability specific training appropriate to the needs of the children accessing CYR. Many of the children at Packham House appear to have an interest in art; the service may wish to consider the benefit of staff meeting with an art therapist to learn some additional skills.

### **Standard 5: Quality Requirements**

The family interviewed were aware of the communication channels within CYR and Spectrum's complaints process.

Staff meetings are conducted regularly at the house and are documented. Co-ordinators also meet regularly as a team to discuss issues relevant to CYR.

A copy of Spectrum Care's formal Quality Plan and Strategic Plan were made available during our visit.

### **Requirements**

1. Follow up resource consent to increase the height of the fence.

#### *Performance Measure*

Consent and fence height increased.

### **Recommendations**

1. Streamline CYR policies and forms including the home agreement to contain consent documentation.

## **REQUIREMENTS**

1. Follow up referral to NASC regarding increased levels of support (Garden Court/Cyclamen Road) (SSP4.1, 4.2, 6).

*Performance Measure*

Confirmation from Taikura Trust on outcome.

2. Follow up resource consent to increase the height of the fence (Garden Court/Cyclamen Road) (SSP 5.2).

Complete discussions with Property Manager regarding the back fence adjoining the bush (SSP 5.2)

*Performance Measure*

Consent and fence height increased.

## **RECOMMENDATIONS**

1. Define and develop charter for members of the CYR Family Governance Group.

2. Streamline CYR policies and forms including the home agreement to contain consent documentation.

3. Review the scope of the contract at Orakau House in regard to 'Exclusions'.

4. Broaden marketing plan for Orakau House.

## **FOLLOW UP**

The Evaluation Team recommends that a follow up of the requirements made in this report take place in 12 months or at the request of the Ministry of Health.

## **APPENDIX ONE**

### **Documents sighted during the evaluation:**

Strategic Plan 2009-2014  
Individual Plans  
Home Agreements  
Care Plans  
Staff Communication Diary  
Individual Communication Diary  
Promotional Brochures  
Meal Plans  
Spectrum Practices  
Activity Planners  
Staff Meeting Minutes  
Medication Folder  
Rosters  
Health and Safety Manuals  
Staff Accident Reports  
Incident Reports  
Risk Assessment Plans  
Correspondence to Families  
Home Communication Folders  
Staff Training Records  
House Folders  
Infection Control Folder  
Entry Checklists  
Home Agreements  
Nursing Progress Notes  
Fire Safety Procedures  
Evacuation Plans  
House Quality Plans  
Spectrum Policy and Procedures/Quality Plan  
Monthly Reports  
Environmental Restraint Approvals  
Individual Risk Assessments  
CYR Assessment Tool  
Family Governance Group Minutes  
Needs Assessments