**Developmental Evaluation Report Summary – Te Roopu Taurima**

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

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| **Name of provider:** | Te Roopu Taurima |
| **No of houses visited and location****(number of people)** | 11 Whare | **Whakatau Mai, 39 Tua Place, Auckland RIDSAS**Tiaki Mai, 47a Morris Road, Hamilton RIDSASMarire, 7 Kapia Place, Takanini, Auckland**Arohanui, 28 Jellicoe Road, Manurewa, Auckland****He Tokanga, 23 Willowgrange Place, Auckland**Te Huringa, 137 Victoria Street, AucklandTe Miro, 57 Claude Street, Hamilton**Atawhai, 244 Buckland Road, Mangere, Auckland****Matariki, 15 Andy Crescent, Flat Bush, Auckland**Poutama, 19 Heathberry Close, Auckland**Puawaitanga, 263 Puhunui Road, Auckland****Houses in bold have 5 or more residential beds or 5 more people** |
| **Date visit/s completed:** | All house visits occurred between the 24 Sept and 9 Oct 2024 |
| **Date report finalised:** | Report finalised on: 31 November 2024 |
| **Name of Developmental Evaluation Agency:** | Whakanui: Elevate, Learn, Transform Ltd |

**Methodology:**

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

The 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 are then collated to identify themes. The primary method of analysis involved a senior Evaluator reading all of the reports, 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 overview report was then read by the team leaders from all of the teams involved in this review for clarity and balance and a draft is reviewed by the service.

**General Overview:**

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| **Introduction** Te Roopu Taurima is a kaupapa Māori organisation established in 1999. It provides services to disabled people and Tāngata Whaikaha Māori (residential, choices in community living, respite, RIDSAS) and people with mental health needs (Tāngata Whaiora).  Te Roopu Taurima is one of the larger RIDSAS (Regional Intellectual Disability Supported Accommodation Service) providers in the country (for people associated with the courts, including civil and compulsory care recipients) and two of these homes were included in the eleven whare the Evaluation Teams visited during this Midpoint review. A Midpoint review not only provides a developmental evaluation for each whare but also responds to the corrective actions that have arisen from the previous certification process (November 2022) by the DAA Group. This midpoint review represents the halfway point in the three year certification.**Executive Summary**Te Roopu Taurima is one of the only truly Kaupapa Māori services for disabled Tāngata (people) in Aotearoa New Zealand. The service is supported by a Kaumātua who is knowledgeable about the history of the organisation and its vision. The Kaumātua welcomed the Evaluation Teams with a Pōwhiri that included a haka by some of the Tāngata. This provided the face for this Kaupapa Māori provider and an important welcome to our Evaluation Teams. The most notable feature of Te Roopu Taurima is its focus as a Kaupapa Māori provider. While the service successfully supports people of other cultures or belief systems it also provides a sense of mana and belonging for the Tāngata who are Māori. People understood their whakapapa and were encouraged to understand Te Ao Māori. A large proportion of the kaimahi (support workers) are Māori and many speak Te Reo. In describing its mission Te Roopu Taurima states, Being kaupapa Māori means making a difference in the lives of tāngata, surrounding them with a support-based environment adopting Māori values of respect and whānau.While offering exemplary services in some areas the service appears to be still finding its feet after Te Ao Hurihuri (restructure) that was completed very recently. Some of the changes can be considered a ‘work in progress’, especially the kaitaataki (House Leader) taking on a much more administrative role. Some of the kaitaataki appear to have embraced the role while others are still getting up to speed. It was reassuring to see them helping each other in their role and during this Midpoint Developmental Evaluation. This relationship reflects the supportive approach expected in Kaupapa Māori services.As a result of Te Ao Hurihuri the service has developed a system of supporting essential core annual training that is largely online. However, online learning is not necessarily easy for many people and results have been patchy. The service has also not been able to provide all of the core training modules asked for by the DAA Group. Furthermore, the necessary practical learning that must occur for key training such as first aid (notably CPR) and medication competency has not yet occurred. All of these issues have resulted in a process that has fallen short of what the DAA and Whakanui expect of core annual or biannual training. While the organisation did successfully respond to a DAA corrective action concerning medications, there appear to be more systemic issues involving the safe storage of medications and the checking systems for medications coming from pharmacies. The Evaluation Teams suggest a review of medications in homes to bring them into line with sector expectations and safety requirements.Personal planning or Lifestyle planning has also been a focus of this review and Whakanui agrees with the DAA expectation that aspirational goals should be separated out from developmental and health goals that are more often placed in service plans. Furthermore, providing aspirational goals that are person-driven (not just person-centred) would assist the service to work toward fulfilling Enabling Good Lives (EGL) expectations. Notably, providing people greater control over their lives (Shifting Authority, Mana Enhancing, Person-Centred Planning). Recording monthly progress in a manner that is accessible to kaimahi, Tāngata and whānau is strongly suggested in this report.Professional Development Assessments (PDAs) are in the process of change following Te Ao Hurihuri. While a new process has been carefully defined as evidenced by correspondence with the DAA Group it has not yet filtered down to kaitaataki and kaimahi in each Whare. In addition to the work noted above the Evaluation Teams have advised, the service (home) agreements did not include some details that are expected from Tier Two of the residential contract. This is a minor detail that can be corrected across all Te Roopu Taurima services.There are considerations in various reports to how the Tāngata in each Whare are supported by their kaiawhina (staff team). There are several stable and long-term teams that know the people they support very well. This typically has a positive follow-on effect and people prosper as a result. However, there does appear to be some practices and attitudes in some whare that require some attention. It would be useful for whare to be considered in terms of ‘home’ for the Tāngata rather than ‘facilities’. Shifting documentation and office equipment from the living spaces (if this is possible), especially from whare walls, will create a greater sense of ‘ownership’ or ‘home’. This will provide people with a greater sense of control over their environment and prompt kaiawhina to consider the whare a home where they offer support. Likewise, attention to décor, maintenance and how well a home is personalised will provide value or enhance the mana of the people who call the whare home. It has also been noted that staffing shortages in some whare have created a tension between wanting to get out and about, and having the personnel on hand to do so.This report initially responds to the DAA Corrective Action Report findings and has signed off on three of the five corrective actions. One more corrective action has been deferred until the next DAA certification (corrective action 2), and one has been extended until 1 April 2025 (corrective action 1). The three other corrective actions while being signed off in the form provided by the DAA group have additional requirements attached either in this report or in individual whare reports or both.**Areas of Strength*** The service fulfils its mission to provide a distinctive kaupapa Māori service.
* The role of the Kaumātua is pivotal.
* The Tāngata in many of the whare have a sense of purpose, belonging and mana.
* The kaitaataki have embraced their new roles and are supportive of one another.
* The service predominantly hires Māori kaimahi but also actively matches kaimahi and Tāngata from other cultures and languages.
* There are examples of exemplary practice, especially when people are assisted to fulfil their own aspirations (goals) and this builds a strong sense of mana.
* Long serving kaimahi and stable staff teams (kaiawhina) provide continuity for many Tāngata.
* The people in these whare are generally supported safely.
* Whānau are included in decision making where appropriate, are respected and believed they are heard. They are in general supportive of the service.

**Areas of Suggested Development*** The service is still struggling to implement the goals of Te Ao Hurihuri and some expectations from the DAA Certification process have not yet been met.
* The service would benefit from professional oversight by a registered clinician regarding the safe storage of medications and the systems and processes involved with blister packs and prescription sheets.
* Continuing to review how to deliver core training, including practical requirements and core policies, is suggested in this report.
* Continued review of how to develop and implement lifestyle plans, especially aspiration based (person-centred and driven) goals is suggested in this report.
* Focusing on the whare as a home where Tāngata live and kaimahi are there to support them may assist with building a sense of belonging, autonomy and ownership.
* Individual whare developmental evaluation reports have noted isolated issues concerned with staff shortages and areas where older attitudes and practices are in evidence.

**Requirements unique to this report:**

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| Outcome Area number | Risk rating | Requirement | Required evidence for verification of compliance | Due date |
| 2.2, 9.4 | Low | The service develops aspiration-based lifestyle plans that are person-driven alongside key person monthly progress reports that are accessible | Personal/lifestyle plans and key person monthly reports | 1 August 2025 |
| 2.3 | Low | The service reviews the expectations of service agreements and corresponds with Whaikaha regarding points of disagreement | Correspondence with the service | 1 August 2025 |
| 4.1, 8.1, 8.2 | High | The service reviews all medication requirements of its contract specifications and the Health and Disability Sector Standards with attention to prescription sheets, checking procedures (especially for blister packs) and safe storage | Site visitsCorrespondence with service | 1 December 2024 |
| 4.1, 8.2 | Mod | The service reviews annual and biannual training requirements and include face-to-face training requirements particularly in first aid and medication competency.  | Training records | 1 August 2025 |
| 1.4, 4.1, 8.2 | Mod | The service introduce opportunity for kaiawhina to review key policies such as, abuse and neglect, code of rights, restraint minimisation and safe practices etc., annually during whare hui.  | Training recordsWhare Hui record | 1 August 2025 |

 **Requirements in individual whare reports (some are repeated or similar to the above)*** 1. Medication that requires refrigeration must be kept in a locked container in the refrigerator when not in use or a separate refrigerator is provided in a locked room. (Te Whare Marire, Te Whare Puawaitanga and Te Whare Arohanui – Section 4.1)
	2. Te Roopu Taurima carry out a risk assessment in regard to the staff shortages, both in terms of their primary duty of care responsibilities under the Health and Safety at Work Act 2015 (HSWA), and the impacts of the shortages on the Tāngata. (Te Whare Te Huringa and He Tokanga – Section 4.1)
	3. Te Roopu Taurima expedite the conversion of the rear bathroom to an open shower wet area. (Te Whare Te Huringa – Section 4.1)
	4. Immediate maintenance is required for both the bathroom and the back decking. An extractor fan be installed in the bathroom, and the shelter above the backdoor decking reinstated. (Te Whare Te Miro – Section 4.1).
	5. The service works with the landlord to bring the home up to an acceptable standard for five people or consider alternatives (Te Whare Puawaitanga – Section 4.1).
	6. The service immediately:
* reviews this home in line with current support philosophy (kaupapa Māori expectations and EGL) and human rights.
* reviews and modifies the bathroom door,
* provides a review of locked cupboards, access to food and drink,
* supports more independence in choices and activities in the home, and
* provides respectful and complete written records (such as diary entries).

(Te Whare Atawhai – Section 1.4)The service reviews the use of the locked cupboard in the kitchen and/or ensures restraint/restrictive practice documentation developed for the person and processes are followed. (Te Whare He Tokanga). * 1. A system of cross- checking be developed for new blister packs coming from the pharmacy and its prescription sheet.

Blister pack errors will need an incident report and follow-up with the pharmacy and/or the GP. (Te Whare Te Miro – Section 4.1).1. The service [and other report requirements with variation in how they are worded]:
* Complete a full medication review and conduct a root cause analysis of inconsistencies and operational errors to identify contributing factors and implement corrective actions.
* Track and trend medication errors to identify patterns and areas for improvement.
* Ensure medications are properly checked and verified upon arrival at the service.
* Report all medication errors in blister packs to the pharmacy, the person’s doctor and management.
* Communicate medication errors and corrective actions to relevant stakeholders, including healthcare providers, Tāngata and their family/whānau.

(Te Whare Atawhai, Te Whare Arohanui – Section 4.1)**Recommendations in individual whare reports*** The service reviews the placement of staff and personal information on the walls of living areas of the whare. (Te Whare Taiki Mai & Whakatau Mai – Section 1.4).
* Te Roopu Taurima considers methods of allowing visitors to indicate they are at the gate. (Te Whare Taiki Mai & Whakatau Mai – Section 4.1).
* A risk plan be put in place detailing the process and protocol to follow when a person goes missing. (Te Whare Marire – Section 4.1).
* The service includes achievable steps and measurable outcomes to larger personal goals or aspirations. (Te whare Te Huringa and He Tokanga – Section 2.2).
* The Evaluation Team recommend personal goals presented in a more accessible format (Te Whare Te Miro - Section 2.1).
* The service works with Tāngata and their family/whānau to set specific, measurable, achievable, relevant and time-bound (SMART) goals to align with their interests, aspirations, values and priorities. (Te Whare Atawhai – Section 2.2).
* The service reviews the current level of staffing to ensure the safety and personalised support in key areas of life (such as choice making) and to support the well-being of Tāngata with complex behaviours. (Te Whare Atawhai – Sections 2.1, 3.1, 4.1).
* Where whānau wish to supply more pocket money than policy allows per person in the home, it is recommended that the service work with them to find viable alternative arrangements (Te Whare Arohanui - Section 2.3).
* The service reviews with the Kaitaataki and other management methods of improving how personal spending money is allocated each week. (Te Whare Puawaitanga - Section 7.1).
* Te Roopu Taurima investigates provision of regular updates that include personal financial records, and that this be made available in a format accessible to the recipient. (Te Whare Te Huringa and He Tokanga – Section 6.3).
* The service responds to whānau requests to provide a tablet for one person so she can keep in contact on a regular basis. (Te Whare Puawaitanga - Section 1.2).
* A referral through Taikura Trust is recommended for an OT/Physiotherapy Transfer Plan in order to minimise any risk to tāngata and kaimahi (Te Whare Arohanui - Sections 4.2 & 8.2).
* The service explores further the cause and possible methods of alleviating the auditory processing concerns for one person and review methods of reestablishing nocturnal sleeping patterns. (Te Whare Puawaitanga - Section 4.1).
* The service research and considers paced feeding techniques for one person (specifically the two spoon method). (Section 4.2).

**Corrective Actions Report**The full Corrective Actions Report by the DAA Group is presented in Appendix One. This section will indicate the results of the site visits on each of the corrective actions and specify any further actions required.There were five corrective actions highlight in the original certification process that concluded with a three year certification in November 2022.Te Roopu Taurima were in the midst of a restructure / Te Ao Hurihuri during the period of follow-up reviews undertaken by the DAA Group. The DAA Group was reliant on email correspondence and receipt of key documentation in order to make a judgement on progress. Site visits during the Midpoint review aimed to verify the progress on each corrective action. **Corrective Action - 1. Criterion 2.3.4 PA Moderate****Finding:** Some kaiawhina were found to have missed out on-going core training such as the code of rights, advocacy, Te Tiriti o Waitangi, MAPA, positive behaviour support, and first aid training.**Corrective Action:** Re-instate on-going core training for kaiawhina and kaiarahi.**Summary of actions prior to site visit and site observations**As a result of Te Ao Hurihuri, Te Roopu Taurima had moved the majority of its training modules to an online system. Each kaimahi (staff member) was expected to complete the modules independently and completion was recorded by the kaitaataki (house leader). To date the service has consistently provided the following modules:* Te Tiriti o Waitangi (modules 1 and 2)
* First aid training (not including practical assessment)
* Medication competency (not including practical assessment)
* MAYBO (replacing MAPA training) (not including practical assessment)
* Infection Control

Absent from the training at this juncture is review of the Code of Rights, Abuse and Neglect and Advocacy. The Evaluation Teams would add Restraint Minimisation, Safe Practice, and Manual Handling to the list of core training needed to maintain minimum requirements. The Teams noted that many kaimahi have current first aid certificates from previous training. However, the modules alone are insufficient to determine competency in practical first aid, MAYBO and medication competency. The service notes that face-to-face practical training is being planned and some training has already started.Bi-annual competencies would ideally include first aid and MAYBO both with a practical component and annual competency training in medication with a practical component (i.e oversight by a qualified person). Some core competencies can be reviewed with key policies such as Code of Rights, Abuse and Neglect, Restraint Minimisation and Safe Practice, Infection Control, Advocacy etc., and can be covered during kaiawhina (staff team) hui on an annual rotating basis, and through induction training modules.**Further Actions**The Midpoint review indicates that Core Competencies are not being adequately met with the current modules both in terms of practical components and the topics.Further action is required**Due date: 1 April 2025****Corrective Action - 2. Criterion 2.4.5 PA Moderate****Finding:** PDAs that have not been completed by kaiawhina and kaiarahi (managers) need to be completed in line with Te Roopu Taurima policy.**Corrective Action:** Develop and implement a plan to ensure that all PDAs are up to date and completed on time.**Summary of actions prior to site visit and site observations**Te Roopu Taurima provided a summary of Performance Development Appraisal (PDA) completion rates and made the following statement:30 April 2024: “PDAs are now being done on a software called Bamboo HR. As part of the rollout process, first group selected was middle managers and above – i.e. all kaitaataki (whare based frontline coordinators), Area Managers (regional managers), office kaimahi, and senior management team members”. They added: “The PDAs are designed in such a way that kaimahi do their own self-assessment and their line managers also do the assessment. They can see each other’s sections only when they have completed their own part. Once both parties have completed the assessment, they can see each other’s comment and have a discussion”. Further correspondence stated: “Our PDA rollout plan for the rest of 2024 is as follows: * May – June 2024: Complete PDAs of all kaimahi in the above group
* July – August 2024: Provide individualised training to all kaitaataki on conducting PDAs of their direct reports in their respective whare
* September – December 2024: Enrol all remaining kaiawhina (front line support workers) in Bamboo HR and support kaitaataki to get their PDAs completed”

The Evaluation Teams during this review did not sight any examples of PDA completion in any of the whare visited. Furthermore, kaitaataki did not appear to have received any information or training in assisting with or conducting PDA. None indicated that their own PDA had been completed.**Further Actions**This is clearly a work in progress and may have been slowed down by the other work needing to be completed as a result of Te Ao Hurihuri roll out.The Evaluation Teams suggest a full review of PDA during the next certification round or at the discretion of the DAA Group.**Corrective Action - 3. Criterion 3.2.5 PA Low****Finding:** There is variation in the way tāngata personal goals are written, reviewed, and evaluated. There are not clearly defined outcome measures in place and there is variation in how goals are recorded and evaluated.**Corrective Action:** Review the process for setting and reviewing tāngata personal goals, to ensure the process meets the needs of each tangata, that each goal is written to include outcome measures, and the goal is relevant and meaningful to the tangata. Review the process for how goals are reviewed and evaluated, and how this is being recorded, so that it adds value to the process.**Summary of actions prior to site visit and site observations**Te Roopu Taurima have undertaken an extensive review of how personal planning goals are recorded and progress on goals reported. This process involved the use of Webcare – a Client Management System (CMS) that was being used for other purposes. The service provided examples of the system in operation and DAA Group asked for further evidence. The DAA Group believed the service had worked diligently to provide a new process. The Evaluation Teams agree with this summary. The DAA Group also indicate that goals needed to be meaningful and not part of what a person should be doing as a normal part of daily life. They referred to SMART goals (specific, measurable, achievable, relevant and time-bound). Te Roopu Taurima provided examples of the Webcare in action and of improvements in the type of goals being developed. The Evaluation Teams, however, found that goals were not always person-centred or aspirational and included developmental and health goals that could usefully be recorded in service plans or headed up differently. Few aspirational goals (goals directed by the person or reflective of their interests) were in evidence. Furthermore, progress reports were not specific to lifestyle plan goals and did not provide sufficient information about how and when goals were pursued in the month, what worked well, what did not, what to do next and whether the goal was achieved. In addition, while there is evidence of breaking goals down into achievable steps in written documents these are not consistent. Finally, the Evaluation Teams believed that while an ‘official’ record of goal plans was needed, a more accessible version could usefully be provided for the person and the whānau. Progress reports could also be provided in accessible formats for the same purpose. Ownership of personal plans would ideally sit with the person as the plan and the goals therein is about them. **Further Actions**The Evaluation Teams have made comment about personal planning goals in each of the eleven whare reports. However, they reserved space for a requirement to be completed in this overview report. Because of this further requirement no further actions are suggested in relation to the DAA Group requirement.**Corrective Action - 4. Criterion 3.4.4 PA Low****Finding:** The medicine related allergies and sensitivities section on each tangata medication chart, was not always complete.**Corrective Action:** Ensure that the general practitioner completes the allergies and sensitivities section on each tangata medication chart, including when the tangata has no known allergies.**Summary of actions prior to site visit and site observations**The DAA Group were informed that corrections had been made to prescription sheets and allergies and sensitivities were noted. This finding was evidenced during site visits. However, this report highlights very high priority issues related to medication storage and checking mechanisms that effected multiple whare in this review. A further requirement is provided in this report along side requirements already noted in individual whare reports.**Further Actions**No further actions are indicated in this DAA Corrective Action.**Corrective Action – 5. Criterion 6.2.1 PA Low****Finding:** There is a clear restraint approval process in place, and restraint consent forms were in tāngata files. Not all restraint approval forms were signed off by the organisation, the tāngata and/or their whānau.**Corrective Action:** Ensure that all tāngata who require a restraint approval form, have these in place that is signed by the service manager, restraint coordinator and restraint minimisation committee to show the restraint has gone through the organisation’s restraint minimisation and approval process, and also ensure that the form is signed by the tangata and/or their whānau.**Response from the Provider 8 August 2023****“**We have updated the restraint approval forms for all tāngata who need them with appropriate signatures from the service manager, restraint coordinator and the RMC. Wherever possible, we have consulted with the tāngata concerned and recorded their names in the form. In some cases, we have also managed to get signatures from tāngata and/or their whānau. Attached please find copies of completed restraint approval forms from a number of whare”.**Summary of actions prior to site visit and site observations**The DAA Group believed the responses made by the Te Roopu Taurima were sufficient and signed off on the requirement. During the current review the Evaluation Teams indicated at least one example of restrictive practice (Environmental restraint) that has not been approved through documentation nor had review through the Restraint Minimisation Committee.**Further Actions**The Evaluation Teams provided independent requirements in house reports relating the use of environmental restraints. These are set to their own timeframes and no further actions are indicated from the DAA corrective action. |
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**Quality of Life Domains**

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| 1. **My Identity/Tuakiri**

 **1.1 My culture, beliefs and preferences are supported**The cultural safety policy and procedure provided by Te Roopu Taurima is highly developed. It states:The purpose of cultural safety extends beyond the description of practices, beliefs and values of ethnic groups. It recognises the importance and value of a holistic approach incorporating cultural awareness, respect, sensitivity and safety in all aspects of service provisionEmbedded into the policy is awareness of the impact of colonisation. Other policy documents include Te Tiriti o Waitangi, Te Reo Policy and Recognition of Pacific Values. The documents refer to seminal documents such as the Te Tiriti o Waitangi, *Whāia Te Ao Mārama – Māori Disability Action Plan, He Korowai Oranga*, ‘*Ala Mo’ui: Pathways to Pacific Health 2014-2018*, *Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025* and the *New Zealand Disability Strategy 2016-2026*.  The service actively promotes Te Reo, Te Ao Māori and Tikanga in its work practice. This is evidenced from conversations, in documentation, in the environment and in practices. Respect for all cultures, beliefs and personal, social and sexual preferences are expressed in the cultural safety document. The document also explores culturally safe relationships between kaimahi (staff), and between kaimahi, Tāngata and their whānau. The Tāngata in each of the whare are predominantly Māori, although the service positively supports people from the Pacific Nations and several other nationalities. In some of the whare the service has hired kaimahi with the same language and/or religious beliefs. They actively support people to attend religious services and events (churches, temples, etc.) of their choosing. Use of Te Reo and karakia is evident in most whare. The Tāngata are supported to research their whakapapa and form links with marae and cultural groups unique to them.**1.2 My family and whānau are valued**The importance of whānau is emphasised in this Kaupapa Māori service. The service has been diligent in assisting people to connect with or reconnect with whānau and hapū. The whanaungatanga (relationship building) between Te Roopu Taurima and whānau is considered important by the service.For the most part the whānau who were contacted during this review indicated good relationships with key kaimahi or the kaitaataki in the whare. They generally believed they had a say in how their relative is supported and were assisted to maintain contact. One Evaluation Team indicated poorer connection with whānau and suggested this be improved, but in general, whānau were positive about the level of communication they had with the service.**1.3 I am understood**Many of the Tāngata have limited verbal communication. There were notes in the records for each Tangata about how to communicate and what to look for in non-verbal communication. Often key kaimahi have worked with an individual for some time and understood their unique form of communication. Examples of this include paying attention to non-verbal cues like facial expressions, observing behaviours, and establishing predictable routines which provide a sense of security and familiarity. Having a stable team with kaimahi who know each Tāngata creates a supportive and communicative environment that empowers each person to express themselves and connect with others. Individuals in the RIDSAS services had access to speech-language therapy as needed.**1.4 My Mana is acknowledged, upheld and enhanced**In recent years a Kapa Haka group had been supported by the Kaumātua, and performed at the Pōwhiri attended by the Evaluation Teams. In addition, several individuals are learning Te Reo. One person, in particular, had studied Te Reo to level 4 and spoke at the same Pōwhiri. Another person had studied Rongoā Māori (Māori herbal medicine) to level 4 and was asked to act as a tutor by his college; Te Wānanga o Aotearoa. The obvious mana experienced by people who were respected and supported in their culture was clearly evident during this review. Another Tangata had a kaimahi who spoke her language and took her to temple acting as her key worker. Other individuals were assisted to maintain their employment or had been supported to study for their learner’s permit or helped with their literacy. All of these activities gave people a sense of purpose and added mana. There were, however, some concerns around the emphasis of ‘ownership’ of whare which is historically associated with how much authority or control people experience in their lives. The Evaluation Teams preferred an approach where the whare is considered the home of the Tāngata in the first instance, and the kaimahi are there to provide support. This shifts the sense of ownership from the kaiawhina to the Tāngata. For example, the placement of staff and personal documentation on the walls of the public living spaces in some whare creates as sense of a workplace rather than a home. There were also privacy considerations where personal information was on view for anyone visiting the whare. Placing information that was on the wall in easily accessible folders and/or in each person’s bedroom (for their own information and as their own choice) and freeing up the space to personalise the whare would help create a sense of home. Attitude and practices in one whare were concerning in terms of the sense of authority and dignity experienced by the Tāngata. However, this home did appear to be the exception. The overwhelming majority of kaimahi held the Tāngata in high regard and their practice reflected this perspective.Te Roopu Taurima provides a comprehensive policy on Restrictive Practice and Restraint Elimination. The policy outlines the various forms of restraint and clearly describes restraint as a last resort. There were no examples of personal restraint being used in any of the whare (including the two RIDSAS homes) and personal restraint is only prescribed in official documents associated with a specific person as a last resort. The service maintains a restraint minimisation and safe practice committee that meets regularly. Environmental restraints (locked gates, doors, cupboards, refrigerators, etc.) are used in RIDSAS homes as a matter of course (as some measures are required depending on the clientele). However, locked kitchen (food etc.) cupboards and drawers were occasionally observed in typical whare and often supporting restraint or restrictive practice authorisations were not present in Tāngata files. Some Evaluation Teams asked for a review of these practices.1. **My Authority/Te Rangatiratanga**

**2.1 I make choices about my life**As noted in section 1.4 some actions within whare limited the sense of authority people may experience in their support. However, for the most part kaiawhina were diligent in attempting to understand Tāngata preferences. Most whare also offered opportunity for people to choose menu items and were responsive to likes and dislikes etc. Most individuals were supported to make choices in everyday living such as clothing choices, whether to have a cup of tea or coffee, what to do during the day, who to associate with outside of the whare and when they go to bed. It was delightful to see one older man settled in his La-Z-Boy with a cup of tea and a bowl of mints, watching the rugby. It gave a sense of belonging and a sense of home for this person.Outings or trips to visit whānau or friends are typically well supported. Some people have paid or voluntary work, and some attend vocational services (though this is less common). Typically, most kaiawhina have been able to support choices in activities outside of the whare and all of the homes visited had access to vehicles. However, three of the whare are experiencing staff shortages and these have an impact of how often people can be supported outside of the home. **2.2 I choose and realise personal goals**It was noted in Corrective Action 3 by the DAA Group that the process for developing personal planning goals with individuals and the methods employed to review goals had in the past been haphazard. The service made concerted efforts to correct their systems of delivering personal planning goals and recording progress in response to the corrective action. However, the Evaluation Teams were not convinced the service understood how to develop person-centred and even person-driven aspirational goals for each person, nor how to break complex goals into achievable steps, set timeframes and assign persons with responsibility for overseeing goals completion. The DAA Group mentioned developing SMART goals (specific, measurable, achievable, relevant and time-bound). This is one method of developing good personal plans (there are others but all with similar methods). The Evaluation Teams believed that many goals were personal development or health driven. While goals such as these may well contribute to the successful completion of aspirational goals they were not necessarily developed by the person in consultation with whānau or other key people in their life. Aspirational goals are person-driven, meaning they are those things the person wants to achieve (not the kaiawhina or the person’s health professional) or they may require careful consideration of what the person really enjoys in life (especially when they cannot easily speak for themselves). They may be huge goals that need to be explored with the person and broken into achievable sub-goals as necessary, they may also be simple or mundane or reflect those things most people want in their life (e.g., a partner, home of our own, work, a car, a trip or even children etc.). These are the things that help us move toward a good life and are linked to our sense of self-worth. Understanding what this means for the person is a key ingredient of Enabling Good Lives (EGL). The Evaluation Teams would prefer developmental or health driven goals to be considered separately from aspirational goals, with priority given to those things that further enhance the person’s life. (See also section 9.4 for further discussion)Recording progress on goals requires methods of addressing each goal on a regular basis; understanding what worked well; considering what did not work well; reviewing the roadblocks or barriers to progressing a goal; and reflecting on next steps, both with the person and the people invested in assisting the person to achieve their goals (including the kaiawhina and whānau). The method of providing monthly progress reports in Webcare is currently not specific enough and it is not accessible to the person and/or the whānau. Providing accessible formats, for both the original plan and in progress reports is important for the person and their whānau, as they need to be involved in the process wherever possible.**2.3 I make decisions about my daily life and funding**The funding provided for the Tāngata comes through the NASC residential supportFunding, RIDSAS funding and through their own benefits. Service (home) agreements were noted on files, but the records do not indicate the fees payable or that which is retained as per section6.9.1 (b) of the community residential contract. Notably: “the agreement must state how the residential subsidy portion of the individuals MSD Work and Income benefit will be paid to the Provider, [and] the amount that is left (which will be retained by the individual)”.1. **My Connections / Te Ao Hurihuri**

**3.1 I associate with people and networks of my choosing**All of the whare worked diligently to connect people with whānau, Iwi, Hapū, and friends and acquaintances (through churches, temples, vocational centres, etc.). There were also connections made through learning institutions and valued roles such as a ‘tutor’ at a local tertiary college, employee and volunteers. They encouraged, and did not restrict access to, people (with the exception of RIDSAS) that Tāngata chose to associate with and guidance was on hand for trickier situations.**3.2 I am part of the community**Despite the staff shortages in some whare the service provided time for kaimahi to work individually with Tāngata so that they could access their community. There were numerous examples of people being involved with: gyms; going the to library and local pools; attending church and temple services; frequently cafes and restaurants; getting involved in personal and household shopping; attending festivals and events; going to movies; learning to use buses, taking flights and train rides; visiting parks and recreation facilities etc., etc.As noted previously, vehicles were made available for all of the whare involved in this review.1. **My Wellbeing / Hauora**

**4.1 I am safe**Each whare maintained good records especially in relation to Tāngata files. The opening pages provided essential contact information including next-of-kin, ethnicity and Iwi affiliations (if applicable), religion, doctor contacts, etc.Risk assessments (alerts) were prominent near the front of the folders. Where needed these were accompanied by behaviour support plans and safety plans, or CARP (Care and Rehabilitation Programme) documents in the case of RIDSAS care recipients.A detailed service plan is provided with each Tangata. Other information includes health, legal and citizenship details, service plans, lifestyle plans and older medication prescription sheets and medication signing registers.Medications in blister packs and most non-blister packed items are securely stored in locked cupboards. In some whare liquid medications were found in the household refrigerator. Some of these medications did not require refrigeration, and all represent a risk should they fall into the wrong hands. While most whare recognised and securely stored controlled drugs, there was one instance where these were not secured nor recorded in a daily record. In two whare the prescription sheets did not match the blister packed medication. The Evaluation report writers for the affected whare provided requirements regarding these issues. A further requirement is stressed in this report for all whare in Te Roopu Taurima to have a detailed medication assessment by an approved clinical practitioner (for example, a registered nurse or similar).Medication competency is assessed when new kaimahi begin work for the service. Annual online written assessments are provided using the new module system. However, it is unclear whether on-site individual kaimahi competency is assessed on an annual basis by an appropriate assessor. We were not convinced the kaitaataki are yet sufficiently skilled to provide these assessments.Incident reports are provided in a timely fashion. These are completed online using the Webcare system and response is made by a line manager. Not all of the Evaluation Teams were convinced there was sufficient detail in the incident reports and provided recommendations to that effect. Incidents are discussed at kaiawhina hui once a month.All of the whare had built-in smoke detectors and several had sprinkler systems that were managed by a fire safety company once a month. The service reports fire drills are practised at least every three months and this was evidenced in some whare documentation. The homes had fire safety equipment (e.g., extinguishers and/or fire blankets) that was checked at regular intervals. There are evacuation plans that are understood by the kaiawhina. Many of the Te Roopu Taurima homes were rented with several being Kāinga Ora homes. The general décor of most of these homes (except relatively new builds) was tired and several had essential repair work in process. It has been disappointing to see the relative state of these homes under Kāinga Ora care. Some Evaluation Teams provided requirements to speed delivery of needed repairs and to advocate for others.The service reports most kaimahi have been supported to complete at least the level 2 certificate in Health and Wellbeing and many have been supported to complete levels 3 & 4. The service reports some kaimahi struggle to complete some of the courses. As well as these, Te Roopu Taurima has begun to provide online core training modules. To date these have included; Te Tiriti o Waitangi modules 1 & 2, infection control, medication, first aid and Maybo (which replaced MAPA) in positive behaviour support. Missing has been the Code of Rights, Advocacy, Abuse and Neglect and Restraint Minimisation. This is the one DAA Corrective Action Whakanui has not signed off on and a new due date has been set for 1 April 2025. In addition to the core modules the Evaluation Teams want to see progress on the practical components of first aid (for those who require a two year refresher), medication competency and Maybo. Furthermore, kaimahi have requested refreshers in safe / manual handling, and the Evaluation Team would prefer a timetable of training to include topics such as Autism, Epilepsy, Dementia, positive behaviour support (this is being developed through the Hamilton office with key personnel completing the Te Pou positive behaviour support mentoring programme), trauma informed practice, personal planning, EGL, etc.**4.2 I have the best possible health and wellbeing** The Tāngata living in each whare have annual comprehensive health checks and three-monthly medication reviews as regular scheduled events. Each person is also able to access their medical practitioner as required and they are supported to specialist appointments, dentists, podiatry, etc. Each personal file includes a Health Passport that is taken with the person should they need a hospital visit or stay. Both men and women have scheduled health screening tests.The service keeps weight records (monthly) for each Tangata and records can be kept for other health issues or events (such as diabetes and epilepsy, bowel motion charts, etc.) as needed. In one whare a person was assisted with their diabetes medication. There is evidence in Tāngata records and through observation, of individuals who require special diets, or who require more assistance with eating and drinking. In most whare the people in the home are involved with menu planning and their individual likes and dislikes are respected. 1. **My Contribution / Tāpaetanga**

**5.1 I contribute to my community and society**There were examples of people being involved in paid and voluntary work options and attending and taking valued roles in learning institutions. There were also examples of Tāngata taking on leadership roles in Pōwhiri, mihi whakatau, and Haka. **5.2 I am involved in service development**There were examples of Tāngata being involved in whare hui, including the kaiawhina hui held once a month, and these are well documented. These hui involve topics such as menus, community engagements and outings, and activities are discussed and planned. Tāngata are empowered to discuss any issues or concerns they may have and these are resolved in a timely manner. 1. **My support / Taupua**

 **6.1 I am able to choose my support, who supports me and how I am supported**The staff shortage in some of these homes limits how much people can be involved in accepting new kaimahi as permanent staff in their whare. However, the service attempts to match the right kaimahi with a Tangata for the key worker role and there is clear evidence that some kaimahi have had a long association with some Tāngata. The use of agency staff to fill vacancies has been disrupting in some homes as they do not have the history and understanding of the people in the whare. Some Evaluation Teams have supported moves to fill vacancies in some rosters.**6.2 I can express my views and will have them listened to**The service maintains a formal complaints process. Although reference is made to the *Te Roopu Taurima Complaint’s Brochure*, this is not included in the information provided about *Living in a Te Roopu Taurima Whare*. This process is, however, articulated on the Te Roopu Taurima website’s The majority of the Tāngata and their whānau understand how to make a complaint or could at least name a person they would approach if they had a concern.See also section 5.2.**6.3 I monitor and evaluate the support provided**Daily diary entries continue to be provided in pencil and paper format in most of the whare although at least one is trialling an online equivalent. In several whare (especially the RIDSAS services) the notes are detailed and accessible to the Tāngata in the home. In a few cases a person may even contribute to their daily diary entries. It was evident in some whare that Tāngata also had access to their files and could comment to the Evaluation Team on different sections (especially in the RIDSAS homes). This level of transparency is important in terms of individual rights but also in terms of shifting the sense of authority more toward the people who are being supported. There were no indications that a survey or similar has been conducted in Te Roopu Taurima services for some time.**7. My Resources / Ngā Tūhonohono****7.1 I am involved in my funding**See section 2.3**8. Organisational Health**Measured against the Social Sector Accreditation Standards.**8.1 The organisation has the staffing, capability and capacity to deliver services safely**As has been indicated, three of the whares have staff vacancies and these are being filled with either agency staff or kaimahi working extra shifts. There are no safety concerns associated with these vacancies but some community outings have been reduced as a result. The two homes in Pukekohe were having particular difficulty recruiting new staff and this was noted by the Evaluation Team in those reports. The remaining homes do appear to have sufficient permanent staff on their roster and many of these have worked with Te Roopu Taurima for some years. The requirement in this report to improved oversight of medications in all the whare is the only concern in relation to capability and capacity to deliver services safely.As noted previously in relation to the DAA Corrective Action 2 the service is still in the process of completing Personal Development Assessments (PDAs) for all of its employees. The delay was caused by Te Ao Hurihuri (service restructure) and review of PDAs is suggested at the next certification process by the DAA Group. **8.2 The organisation ensures clients, staff and visitors are protected from risk**Risk assessments are provided in each person’s file and kaimahi are orientated in personal risk during induction into a whare. There have been risks noted in relation to medications in section 4.1 that require immediate review.The service provides risk assessments and hazard reporting procedures. It also provides appropriate equipment for staff, has policies and procedures concerning risk factors such as infection control, behaviour support, adverse events, abuse and neglect, restraint usage, COVID – pandemic plans, etc. Annual review of key policies by all kaimahi are suggested in section 4.1.**8.3 The organisation has a clearly defined and effective governance and management structure and systems, including:**  **8.3.1: Disabled people are fully involved at governance and management levels**Te Roopu Taurima has undergone a recent restructure/Te Ao Hurihuri and changes are in process. There are, however, clear lines of authority within the organisation.The Board of Trustees include Māori leaders and at least one whānau member of tāngata whaikaha Māori. It is not clear how significantly tāngata whaikaha or whānau are involved in the organisation’s governance or management. **8.4 The organisation is financially viable and manages its finances competently**The Te Roopu Taurima Annual Report 2022-23 is part of the public record (available on their website) and indicates financial cash flow and viability. A copy of their audited accounts have been posted on the Charities Commission Website:(https://www.register.charities.govt.nz/CharitiesRegister/Search) The Whakanui Teams are not qualified to provide further financial assessment of the organisations viability.Te Roopu Taurima Strategic Plan 2022-2027 is sighted in the annual report but the Evaluation Teams had not asked for this report during this Midpoint review.**8.5 The organisation uses an effective process to resolve complaints about service provision** As has been noted previously the organisation provides access to a complaints process, notably in*,* the *Te Roopu Taurima Complaints brochure* and on the *Contact US* page of their website*.* All Tāngata and whānau have access to the *Living in a Te Roopu Taurima Whare,* which alludes to the brochure and the right to make a complaint. The booklet also provides access details for the Advocacy service and the Health and Disability Commission should a person want to take a complaint further and the code of rights.**9. Value for Money****9.1 Supports are targeted to improve outcomes for disabled people**See also section 2.2 & 8.1Supports are targeted in each whare for the level of need. People with higher support packages receive the right level of staffing. Ideally there are sufficient hours available to provide some one-to-one support around personal or lifestyle planning. Except where there are staff shortages, this does appear to the be case.In the RIDSAS services there is evidence the service works with the CARP document for each Tāngata to fulfil goals. There is sufficient funding available for the service to explore and complete these goals. Each Tāngata has input in the development of the CARP goals.**9.2 Supports are targeted to improve outcomes for Māori**As a Kaupapa Māori service Te Roopu Taurima provides exemplary support for Māori including both Tāngata and Māori employees. For further information see Sections 1.1, 1.4, 4.1**9.3 Supports are responsive to changing needs and intervening early**Also See Section 9.1The service attempts to be responsive to changing needs and the Annual Report outlines plans to support the aging population in Te Roopu Taurima services. The service has also worked effectively to redress education needs for some people (i.e., literacy training), provide clinical oversights and support, and establish a Kaupapa Māori approach with cultural support and education (e.g., Te Reo). **9.4 Disabled people are supported to make decisions about changes to their support plan**See sections 2.2, 2.3 and 6.2There have been recommendations made by the Evaluation Teams to adjust how goals are developed and separated out; developmental and health goals from aspirational and person-driven goals. This does not mean that people have no input into health or developmental goals but rather these are best suited as part of their service plan or clearly delineated as development and health goals. In the lifestyle plans for each Tangata, Section 2.1 is headed *Lifestyle aspirations / outcome* with subheadings that include: Tinana (wellbeing), Wairua (spiritual feelings), Hinengaro (the way I think) and Whanaungatanga (relationships). Restricting the plan to these areas may limit how well people can explore their own aspirational goals (see section 2.2 of this report for more detail). Creating clearly delineated sections, however, with a clear emphasis on person-driven aspirational goals may assist with goal development. Keeping the number of goals small will be useful to both the staff team and the Tangata.**10.1 General observations on how the organisation demonstrates commitment to improving equity and the outcomes achieved**In terms of commitment to equity for Māori kaimahi and Tāngata the service provides national leadership. As a kaupapa Māori service the organisation lives its mission. The service also provides exemplary support for people of other cultures and people with a variety of beliefs (including religious) and orientations. There is also clear evidence the service is working toward creating responsive services for some of its aging people.In the RIDSAS services Te Roopu Taurima works in unison with official bodies and provides environments and practices that are least restrictive. Furthermore, the service has endeavoured to affirm a sense of belonging and mana for all Tāngata. This is evidenced by the achievements noted by some Tāngata.The issues raised in this report are not reflective of the overall commitment of this service to deliver great lives, but rather highlight areas where work is needed (particularly in relation to medication risk) and pockets where some things have fallen short of their vision. **11.1 General observations on how the organisation delivers supports according to the vision and principles of Enabling Good Lives**There are parallels between EGL and kaupapa Māori approaches. The importance of the person and their whānau are central. The examples where Te Roopu Taurima have enhanced a sense of place or belonging, and mana, of Tāngata, obviously parallels EGL objectives. There is a commitment to begin early wherever possible, including the aging community and for people involved in RIDSAS services. There is community focus, and on choices in what aspects of the larger community people wish to engage with. There were, however, some concerns about how the service understands shifting authority and the role kaimahi and the service plays in a home. Moving the emphasis from facility, where staff have control, to home/whare where staff provide support, can be a large shift for some and requires reflection. |
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**Corrective Action Request and Follow Up**

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| --- | --- |
| **Name of Organisation** | Te Roopu Taurima O Manukau Trust |
| **Standard** | NZS 8134:2021 Ngā Paerewa: Health and Disability Services |
| **Type of Audit** | Certification Audit |
| **Date** | 16-24 November 2022 |
| **Audit Team** | Brian Emery, Graham Barnett, Maureen Rawson, Dawn Gourdie |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CAR No.** | **Criterion** | **Attainment & Risk Rating** | **Evidence**  | **Timeframe** |
|  | 2.3.4 | PA Moderate | **Finding:** Some kaiawhina were found to have missed out on-going core training such as the code of rights, advocacy, Te Tiriti o Waitangi, MAPA, positive behaviour support, and first aid training. **Corrective Action:** Re-instate on-going core training for kaiawhina and kaiarahi.**Client’s action plan: 10 May 2023**We are unsure as to the source of your finding with regards to Kaiawhina having missed out on the core training. No reinstatement is needed because the training had never stopped. However, Te Roopu Taurima recognises that our training delivery can do with a review concerning accessibility and content to better meet the needs of the workforce. To that purpose, a full review is being undertaken to look at the content as well as the format of delivery - i.e. internal vs external or in-person vs online, etc. Until such time the review is complete and new system is implemented, the delivery of core training will continue in our existing formats.**DAA Group Response: 11 August 2023****Dawn Gourdie: Lead Auditor**Action plan accepted. Thank you. It is acknowledged that there is some discrepancy between what the auditors found on site and management’s perception of what is happening. It is also acknowledged that maintaining training has been challenging for providers due to recent global and national events. To ensure ongoing requirements have been, and continue to be met, please provide within required timeframe:1. The results of the planned internal review, the action plan that is developed following the review and evidence of progress to date against the plan.
2. A copy of an internal audit of core training e.g. the code of rights, advocacy, Te Tiriti o Waitangi, MAPA, positive behaviour support, and first aid training for Kaiawhina and kaiarahi. (If you are using the review as an internal audit then the results of the review will suffice.)
3. Evidence of Kaiawhina attendance, with percentage rates of same, for recent core training events.

**Client’s action plan: 10 October 2023**The internal review of the training deliveries has been completed now and an architecture has been developed to ensure all core trainings are delivered and recorded. In order to do this, a Learning Management System (LMS) is being implemented at Te Roopu Taurima. The LMS will enable us to rollout and deliver all training necessary in a timely manner and completion records can be easily accessed.Unfortunately, we haven’t been able to deliver any training yet since our previous response, but four Core Trainings are planned for organisation wide rollout in the next four weeks:1. First Aid
2. Infection Training
3. Medication Training
4. MAYBO

We have partnered with a third-party training provider to develop these modules for us. Please find below a screen shot showing an example of the content covered online for the Medication Training:These trainings will be rolled out region by region and all whare kaimahi will be required to complete these. The training will be a combination of both online and practical face to face modules, and a record will be kept in the system of which kaimahi attended each training as an evidence of kaiawhina attendance.Once this rollout is completed, the next rollout will include the below training topics:1. Code of Rights2. Te Tiriti o Waitangi3. Manual Handling4. Privacy Act**DAA Group Response: 30 October 2023****Graham Barnett: Lead Auditor**Thank you for the update on the new way training will be delivered in partnership with an external training provider, and also for the update regarding Te Ao Hurihuri, which will have impacted on your ability to provide training sessions to your staff. Processes appear well underway for rolling out the new training modules. Please provide by the new due date of the 30 January 2024,1. Evidence of Kaiawhina attendance, with percentage rates of same, for recent core training events.
2. A copy of the organisations training/education plan for 2024

**Client’s action plan: 31 January 2024**We have sought an extension for this goal up to 30 April. Please refer to our email to Te Wai dated 20 December 2023.**DAA Group Response: 01 February 2024****Dawn Gourdie: Lead Auditor**Actions and action plan accepted, as per email of 20 December 2023. Please provide evidence as requested within required timeframe i.e. 1. Evidence of Kaiawhina attendance, with percentage rates of same, for recent core training events.
2. A copy of the organisation’s training/education plan for 2024

**Client’s action plan: 30 April 2024****1) Evidence of Kaiawhina attendance:** We are pleased to report that a significant progress has been made on the core training. Since our previous submission, five different types of training was rolled out using online learning platform called AKO Zone. To systematically manage the roll out, each training was introduced in a certain region at a time except Te Tiriti o Waitangi that was rolled out across the entire organisation at the same time.The table below provides a summary of the training roll out and completion rates as at 25 April 2024:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Training Title** | **Area/s Launched in** | **# Kaimahi enrolled** | **# Kaimahi completed** | **% Completion Rate** |
| [Ngā Paerewa Te Tiriti Module 1](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fakozone.terooputaurima.org.nz%2Fcourse%2Fedit%2Fid%3A129&data=05%7C02%7CDrHemant.Thakkar%40terooputaurima.org.nz%7C822e79e050154101f09408dc67d25b43%7C18982e2860ad4b7ea644ec3fff273b48%7C0%7C0%7C638499400402050808%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=5g00SXGhQzPupOEOVgPPM4IVvHSyhrYDnxXNuw2FtmI%3D&reserved=0) | Roopu wide | 400 | 369 | 92 |
| Maybo | Northland, Waikato | 129 | 54 | 41 |
| Infection Control | Auckland, Waikato | 260 | 126 | 49 |
| Medication Management | Waitaha, Waikato | 111 | 46 | 41 |
| First Aid | Waikato | 41 | 26 | 63 |

Each training has certain modules with assignments, the following screenshot from AKO Zone shows the total number of assignments launched across all five types of training and their completion rates:A blue pie chart with numbers and symbols  Description automatically generatedAs can be seen, the average completion rate across all five training is currently at 64.5%.**2) Training / Education Plan for 2024**Our training rollout plan for the rest of 2024 is as follows: * May – June 2024: Finish rollout of the above five core training across all regions
* July – December 2024: Roll out the following additional training across all regions through AKO:
* Te Tiriti o Waitangi – Module 2
* Code of Rights
* Privacy Act
* Dementia

In addition to above organisation wide training, the following targeted training will be provided to certain groups of people:* Computer Literacy and Numeracy (on individualised basis to those kaimahi who need it)
* Handling HR matters including performance management (for middle managers)
* Complaints handling (for middle managers)
* Health and Safety 101 (for all H & S reps and others interested)

**DAA Group Response:**Thank-you for providing this update on the roll-out of core training. It’s great to see progress being made for these core topics which are regularly by organisations in the Health and Disability sector. No further progress reporting is required. For routine follow-up at next onsite audit. **Jen McKinlay-Birkin, Lead Auditor and audit advisor, 12 June 2024**  | **Follow up at next onsite audit** |
|  | 2.4.5 | PA Moderate | **Finding:** PDAs that have not been completed by kaiawhina and kaiarahi need to be completed in line with Te Roopu Taurima policy.**Corrective Action:** Develop and implement a plan to ensure that all PDAs are up to date and completed on time.**Client’s action plan: 10 May 2023**Our plan is to change our method of conducting PDAs from a paper-based system to an electronic system using an HRIS software (Bamboo HR). The details of all kaimahi have already been added in Bamboo HR and the training will now commence with the line managers on using the system to conduct PDAs. The software will also provide alerts to line managers when reviews are due which will help us ensure timely completion.**DAA Group Response: 11 August 2023****Dawn Gourdie: Lead Auditor**Action plan accepted. Thank you. Please provide results of an internal audit that Kaimahi PDAs are completed and up to date. These do not have to be electronic, if not everybody has been transferred to the new system, but they do need to be completed and current. **Client’s action plan: 10 October 2023**For the reasons mentioned in the attached cover letter, unfortunately, we have not been able to complete any PDAs since our previous response. The training of the new line managers will begin in November on using Bamboo HR to conduct the PDAs. This should then assist us to get the PDAs completed and accurately captured in the system over the coming months as the Kaitaataki start conducting those for their whare kaimahi.**DAA Group Response: 30 October 2023****Graham Barnett: Lead Auditor**Thank you for the update on the new way PDA’s will be undertaken using your HRIS system, and also for the update regarding Te Ao Hurihuri, which will have impacted on the ability of your managers to complete PDA’s with their staff teams. Processes appear well underway for rolling out the new PDA process. Please provide by the new due date of the 30 January 2024,1. Please provide results of an internal audit that shows which Kaimahi PDAs are completed and up to date. These do not have to be electronic.
2. While it is expected that the Kaimahi PDA’s will be up to date, please provide an action plan, for when any remaining Kaimahi PDA’s will be completed, including the timeframe for this to occur.

**Client’s action plan: 31 January 2024**We have sought an extension for this goal up to 30 April. Please refer to our email to Te Wai dated 20 December 2023.**DAA Group Response: 01 February 2024****Dawn Gourdie: Lead Auditor**Actions and action plan accepted, as per email of 20 December 2023. Please provide evidence as requested within required timeframe i.e. 1. Please provide results of an internal audit that shows which Kaimahi PDAs are completed and up to date. These do not have to be electronic.
2. While it is expected that the Kaimahi PDA’s will be up to date, please provide an action plan, for when any remaining Kaimahi PDA’s will be completed, including the timeframe for this to occur.

**Client’s action plan: 30 April 2024****1) Kaimahi PDA Completion Rate:**As mentioned previously, the PDAs are now being done on a software called Bamboo HR. As part of the rollout process, first group selected was middle managers and above – i.e. all Kaitaataki (whare based frontline coordinators), Area Managers (regional managers), office kaimahi, and senior management team members.The PDAs are designed in such a way that kaimahi do their own self-assessment and their line managers also do the assessment. They can see each other’s sections only when they have completed their own part. Once both parties have completed the assessment, they can see each other’s comment and have a discussion. The table below provides a summary of the Performance Development Appraisal completion rates as at 25 April 2024 by area:

|  |  |  |  |
| --- | --- | --- | --- |
| **Area** | **# Kaimahi enrolled** | **# PDA completed** | **% Completion Rate** |
|  |  | **Self** | **Manager** | **Self** | **Manager** |
| Tāmaki Makaurau Te Tai Tonga\* | 9 | 8 | 1 | 89 | 11 |
| Tāmaki Makaurau Te Tai Uru\* | 10 | 10 | 0 | 100 | 0 |
| Tāmaki Makaurau Te Tai Whanga | 11 | 9 | 9 | 82 | 82 |
| Tamaki Makaurau: Auckland | 34 | 22 | 24 | 65 | 71 |
| Te Tai Tokerau: Northland | 11 | 10 | 11 | 91 | 100 |
| Waikato | 17 | 12 | 14 | 71 | 82 |
| Waitaha | 7 | 7 | 7 | 100 | 100 |
| **TOTAL** | **99** | **78** | **66** | **79** | **67** |

\* Please note that the manager completion rate for Te Tai Tonga and Te Tai Uru has been low, due to the Area Manager position being vacant for the last three months. The recruitment for Area Manager is underway.**2) Action Plan for 2024**Our PDA rollout plan for the rest of 2024 is as follows: * May – June 2024: Complete PDAs of all kaimahi in the above group
* July – August 2024: Provide individualised training to all Kaitaataki on conducting PDAs of their direct reports in their respective whare
* September – December 2024: Enrol all remaining Kaiawhina (front line support workers) in Bamboo HR and support Kaitaataki to get their PDAs completed

**DAA Group Response:**Thank-you for providing this update on the implementation of the new performance review process for Te Roopu. Again, it’s great to see progress being made and a plan for the continued implementation of the new process. No further progress reporting is required. For routine follow-up at next onsite audit. **Jen McKinlay-Birkin, Lead Auditor and audit advisor, 12 June 2024**  | **Follow up at next onsite audit** |
|  | 3.2.5 | PALow | **Finding:** There is variation in the way tāngata personal goals are written, reviewed, and evaluated. There are not clearly defined outcome measures in place and there is variation in how goals are recorded and evaluated.**Corrective Action:** Review the process for setting and reviewing tāngata personal goals, to ensure the process meets the needs of each tangata, that each goal is written to include outcome measures, and the goal is relevant and meaningful to the tangata. Review the process for how goals are reviewed and evaluated, and how this is being recorded, so that it adds value to the process.**Client’s action plan: 08 August 2023**In response to this corrective action, we created a Support/ Goal Planning Review Committee. The committee members included kaimahi representatives at all levels including Kaiarahi, Kaitaataki, Service Managers, members of the Service Improvement Team, and the members of Roopu Kahui (Korowai Aroha). The committee identified a number of gaps in our current goal planning process including the variations identified in your findings plus the issues associated with keeping paper based copies of the goals at whare.The committee has now decided that we will be using Webcare – a Client Management System (CMS) to record and review tāngata goals. We already have organisational access to Webcare which we were using up until now only to store tāngata profile information. We have spoken to Webcare about our need to record tāngata goals and they suggested that the ‘Outcomes’ module within Webcare will achieve our purpose as it not only lets us create new goals and sub-goals (milestones) for each tāngata but also has features to enter progress notes on a regular basis including capability to attach photos relevant to goal achievement.We will now begin the process of updating the back-end of the software in such a way that every whare will have appropriate access to the information related to tāngata residing in their whare. All kaimahi will also be setup with relevant access authorisation to ensure privacy of tāngata information. Once that exercise is complete, Webcare will be rolled out at Kaitaataki level followed by at whare Kaiawhina level. We have also entered an agreement with Webcare to provide training to us on using their Outcomes module.This is to inform that we are currently in the middle of a major restructure proposal called ‘Te Ao Hurihuri’ where we are making significant changes to the middle management structure at whare/ regional level. Once, all kaimahi are settled in their new roles, the rollout process of Webcare will begin.In the meantime, as per the corrective action, we have attached herewith our proposed new Goal Setting and Review Process that covers all identified points.**DAA Group Response: 11 August 2023****Dawn Gourdie: Lead Auditor**Action plan accepted. Thank you for the comprehensive response. Within required timeframe, please provide eight examples of personal goals for tāngata, and where relevant reviews of ongoing goals, from a cross section of whare to demonstrate the requirements have been met.**Client’s action plan: 10 October 2023**The process of updating the back-end of the CMS software to provide every whare and kaimahi with appropriate access to the information related to tāngata residing in their whare has commenced. At the time of writing this, Webcare has been provided with the information on new areas (based on our restructure) and the list of all tāngata and kaimahi associated with those areas. Once that exercise is complete, Webcare will be rolled out first at Area Manager/ Kaitaataki level followed by at whare Kaiawhina level. To ensure that Webcare will be able to meet our requirements, we have trialled using the Outcomes module with three different tāngata across two different whare. Attached with this response (via a separate One Drive link) are the sample print-outs of five goals covering these three tāngata. The module, by and large, does what we want, but we will now be going back to Webcare to make some further customisation to ensure the goal categories are more meaningful. See the screenshot below of how the Outcomes module within Webcare looks like once goals are entered in it.A screenshot of a computer  Description automatically generatedWe expect to finish the necessary customisations as well as the roll-out of Webcare at Kaitaataki level by end of November following which all tāngata goals will be entered over the coming months and progress monitored through Webcare.**DAA Group Response: 30 October 2023****Graham Barnett: Lead Auditor**Thank you for the update on the new way tāngata personal goals are written, reviewed, and evaluated utilising the Webcare - Outcomes module. Processes appear well underway for rolling out the new personal goal process. Thank you also for sending through the 3 examples of tangata’s goals recorded in Webcare. Please note that this corrective action includes how the goals are written, and not just the review and evaluation process. Goals should be written as SMART goals so they are specific, and time framed, so that achievement and progress can be measured. In some of the examples provided the goals are not measurable or time bound, for example going to the movies. Please provide by the new due date of the 30 January 2024,1. Within required timeframe, please provide eight examples of personal goals for tāngata, and where relevant reviews of ongoing goals, from a cross section of whare to demonstrate the requirements have been met.

**Client’s action plan: 31 January 2024**As requested, attached please find nine examples of personal goals covering six different tāngata. These goals include those that are achieved as well as some that are still in progress.Some things to note:* We are working with Webcare to get some of the headings changed so they better reflect the content. For example, the heading ‘3 fold’ will be changed to ‘Te whare tapa wha pou’; and the heading ‘Signed-off date’ will change to ‘Date goal achieved’.
* Some goals, such as going to a movie or visiting whānau are recorded as a goal only in cases where this is something that a tangata does not do on a regular basis and doing so is a special thing for them. We agree with you that some of these activities, where they are part of tāngata’s daily routine, should not be entered as goals.

**DAA Group Response: 01 February 2024****Dawn Gourdie: Lead Auditor**Actions accepted. Sighted good examples of work undertaken to date that was provided (nine examples of personal goals covering six different tāngata). Thank you. Work underway in relation to Webcare is appropriate and explanations regarding personal goals that may be exceptional circumstances for those people make sense. The corrective action is now closed out and implementation and review of tangata’s personal goals will be further reviewed at the next audit activity.  | Closed out - to be reviewed at the next onsite audit |
|  | 3.4.4 | PA Low | **Finding:** The medicine related allergies and sensitivities section on each tangata medication chart, was not always complete.**Corrective Action:** Ensure that the general practitioner completes the allergies and sensitivities section on each tangata medication chart, including when the tangata has no known allergies.**Client’s action plan: 08 August 2023**Following up with GPs has always been an issue when it comes to them completing the prescription charts appropriately. We created another memo for the GPs that our kaimahi have been asked to take with them every time they take tāngata for their regular check-ups (copy of the GP memo is attached). Through our kaimahi being persistent, we have now managed to get allergy information completed on prescription forms by GPs. Attached herewith find the completed GP charts for all tāngata from all audited whare.**DAA Group Response: 11 August 2023****Dawn Gourdie: Lead Auditor**Actions accepted. Thank you. The medicine records provided were reviewed and all met requirements. Good to see the ones with photographs in place as this provides an additional safety mechanism for any kaimahi who may be less familiar with tāngata. It is suggested you include this aspect of medicine recording in your medicine management internal audits. With requirements met, no further reporting is required. | Closed out - to be reviewed at the next onsite audit |
|  | 6.2.1 | PA Low | **Finding:** There is a clear restraint approval process in place, and restraint consent forms were in tāngata files. Not all restraint approval forms were signed off by the organisation, the tangata and/or their whānau.**Corrective Action:** Ensure that all tāngata who require a restraint approval form, have these in place that is signed by the service manager, restraint coordinator and restraint minimisation committee to show the restraint has gone through the organisation’s restraint minimisation and approval process, and also ensure that the form is signed by the tangata and/or their whānau.**Client’s action plan: 08 August 2023**We have updated the restraint approval forms for all tāngata who need them with appropriate signatures from the service manager, restraint coordinator and the RMC. Wherever possible, we have consulted with the tāngata concerned and recorded their names in the form. In some cases, we have also managed to get signatures from tāngata and/or their whānau. Attached please find copies of completed restraint approval forms from a number of whare. **DAA Group Response: 11 August 2023****Dawn Gourdie: Lead Auditor**Action plan accepted. Thank you. Sighted copies of completed and signed restraint approval forms from various whare. Requirements have been met and no further reporting is required.  | Closed out- to be reviewed at the next onsite audit |