# Developmental Evaluation Report Summary

Disability Support Services (DSS) in the Ministry of Social Development (MSD) contracted disability support providers are independently evaluated to ensure they are meeting their contractual requirements to deliver quality supports and improve outcomes for disabled people.

This document summarises a report for a developmental evaluation of a DSS contracted provider. It provides information about the quality and effectiveness of the service, and its progress towards making its services more accessible and inclusive, and giving disabled people more choice and control.

Summary reports are published on the DSS website. Identifiable and personal information is removed to protect individuals’ privacy. If you require the full report, please email OIA\_Request@msd.govt.nz and request it under the Official Information Act (OIA).

## General information

|  |  |
| --- | --- |
| **Evaluation Information** | **Description** |
| Name of the service provider | Henderson Homes Ltd |
| Date evaluation completed | 15th May 2025 |
| Type of evaluation  | Mid-Point Evaluation  |
| Service type | Community Residential |
| Region or city  | Christchurch |
| Brief description of the organisation providing the service being evaluated and their vision and approach to disability support | Henderson Home Community Homes Ltd emerged to meet the need of those transitioning from the mid 1990s government policy of deinstitutionalisation, and the closure of the Christchurch Templeton Centre. This organisation serves to provide longterm community-based residential accommodation and support to a varied group of people with complex disabilities including physical, intellectual, sensory and mental health needs (the latter under a different contract).  |
| Number of services/houses visited as part of this evaluation  | Two (two wings of one large home; this report focus’ on one of the wings) |
| The evaluation was done by | Whakanui: Elevate Learn Transform Ltd  |

Summary: The team met with family, staff and managers and visited the people in their home

|  |  |
| --- | --- |
| **Number of people interviewed (visited)** |  |
| Disabled people  | Families/Whānau | Staff  | Management  |
| 11\* | 5 | 6 | 3\*\* |

\* Met causally in their home.

\*\* Including the Facility Manager, Staff Manager and Clinical Coordinator

## Outcomes for disabled people

This evaluation is based on the findings and information provided by disabled people, tāngata whaikaha Māori, their families/whānau, staff and management, review of documentation and through observations made by the Evaluation team. The outcomes evaluated below are based on the outcomes identified in the Outcome-Focused Evaluation Tool.

|  |  |
| --- | --- |
| **Outcomes for disabled people** | **Rating\*** |
| My identity / Tuakiri |  |  |
| My authority / Te Rangatiratanga |  |
| My connections / Te Ao Hurihuri |  |
| My wellbeing / Hauora |  |
| My contribution / Tāpaetanga |  |
| My support / Taupua |  |
| My resources / Nga Tūhonohono |  |
| Organisational health |  |
| Value for money |  |
| Equity (including service responsiveness to te ao Māori) |  |
| Enabling Good Lives |  |
| **Overall rating**  |  |  |

\* Rating guidance:

|  |  |
| --- | --- |
| Best/Good practice evident | Best practice or many examples of Good practice evident |
| Development desirable / recommended | some examples of Good practice evident; development is desirable or recommended |
| Action required | Immediate or significant action is required for at least one component |

1. **Is this service certified under** [**Ngā Paerewa**](https://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/services-standard/resources-nga-paerewa-health-and-disability-services-standard) **(Health and Disability Services Standard NZS 8134:2021)?**

Select one option: **Yes** / ~~No~~

**Corrective Actions Report**

There were two corrective actions following the Certification Process undertaken with the BSI Group Audit September 2023.

**Finding 1**

The service is in the process of developing formal partnerships with local Māori.

**Corrective Action 1**

Ensure that formal linkages are developed with local Māori Stakeholders.

Criterion 1.1.5 PA Low Due date: 90 Days

**Response from the Provider to BSI Group**

Henderson Home provided a written description of progress in December 2023. “Henderson Home has connected with a named person of mana to ensure cultural connections are upheld”.

The BSI group accepted this response expressing, “the evidence is sufficient and therefore has been closed out”.

**Evidence**

Whakanui is satisfied that Henderson Home continues to take every available avenue to enable connections with local iwi.

**Further Actions:**

No further actions indicated

**Finding 2**

1. Of the ten incident forms reviewed, seven had not been fully completed to document follow-up and three did not document if family had been informed.
2. Policies have not yet been signed off as reviewed by the service to confirm they reflect a disability focus.

**Corrective Action 2**

1. Ensure incident forms are fully completed and document if family have been informed.
2. Ensure polices are reflective of a disability focus and enabling good lives.

Criterion 2.2.2 PA Low Due date: 90 Days

**Response from the Provider to BSI Group**

I. All incidents are reviewed by the Clinical Coordinator at the beginning of her day ensuring these are fully completed and accurate. This includes whether family have been informed or not.

II. Policies have been signed off and the below policies have now been incorporated into the HCSL system to ensure there is a disability and enabling good lives focus. They include: Henderson Home Business Plan 2023, Client Home Agreement, Emergency & Continuity Plan, Health & Safety Programme, Infection Prevention & Anti-Microbial Stewardship, Organisational Management Manual, Vision & Values, Computer Security, Equal Employment Opportunities, Client Representative Policy, Sexuality & Intimacy, Sexuality including Contraception, Surveillance Camera Monitoring, Transportation Policy, Fostering Respectful Relationships. Managing Finances of Clients, Reimbursement Policy, Social Media & Professional Boundaries, Interpretation & Translation Services Policy, Missing Client Policy, Advocacy Policy, Recreational Activity Programme, Client Absences. Review dates are included.

**Evidence**

1. Whakanui reviewed incident reports and is satisfied they are being thoroughly completed, and if family members / advocates have been notified or not is being recorded.
2. Whakanui noted these policies (above) were signed off and, have been uploaded to the HCSL software, to reflect an EGL focus.

**Further Actions:**

No further actions indicated

**Recommendations and requirements**

**Recommendations for areas of development**

Appears in both reports:

1. To explore methods or ideas to personalise the common areas of the home. (Section 1.4)

**Requirements (contractually required)**

The requirements listed in the table below are actions that need to be done by the provider to ensure their services meet their obligations under their contract with DSS:

There were no requirements for either report.

**Evaluator reflection on the provider’s strengths**

Henderson Homes Ltd provides a home for life for 44 people across its varied services. The main building is a large 25 bed residences consisting of two wings. This summary focuses on one of those wings. The majority of people in the home have been with the service for some years.

The building northwest facing and bedrooms are warmed in the afternoon winter sun.

Families interviewed by the Evaluation Team were happy with the service and felt confident about being heard. The support network at this home is reciprocally considered ‘family’ as there is a large portion of people without relatives supported in this home.

The service has two vans and one small vehicle. Wednesday is set aside for outings. There are activities such as, city visits, picnics, bowling, swimming, concerts, shopping and cafés. There are external day services available for some people such as Access Horizon, SkillWise and the Helen Anderson Trust (HAT) for 2 to 3 days a week. The choice is up to each person on whether to go to the activities available to them.

The organisation has a person-focused culture, personal choice is evident, and personal goals are being achieved to the excitement of their key workers. The senior management have been at least a decade with the service, often filling in on shifts, helping to realise a cohesive and well supported staff team. The team is well trained with the Certificate in Health and Wellbeing up to level 4, a good system of inductions training, mandatory annual and bi-annual training and training specific to needs (such as epilepsy).

There are good systems in place relating to health support and the service has good links with allied providers such as Explore, physiotherapy, speech language therapy, dietitians, etc. Behaviour and mental health support plans are in place as needed. Medications are well managed.