# Developmental Evaluation Report Summary

## Te Roopu Manaaki i te Hunga Hauā Charitable Trust

**March 2025**

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

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| --- | --- |
| **Evaluation Information** | **Description** |
| Name of the service provider | Te Roopu Manaaki i te Hunga Hauā Charitable Trust |
| Date evaluation completed | 10-22 March 2025 |
| Type of evaluation  | MidPoint |
| Service type | Community Residential |
| Region or city  | Bay of Plenty |
| Brief description of the organisation providing the service being evaluated and their vision and approach to disability support | Te Roopu Manaaki provides supports to adults with various disabilities using a deeply embedded kaupapa Māori approach, incorporating a strong whānau perspective. |
| Number of services/houses visited as part of this evaluation  | One home |
| The evaluation was done by | SAMS – Standards and Monitoring Services  |

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| --- | --- |
| **Number of people interviewed** | **9** |
| Disabled people | Families/Whānau | Staff | Management |
| **3** | **2** | **2** | **2** |

1. **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 | Good practice evident |
| My authority / Te Rangatiratanga | Good practice evident |
| My connections / Te Ao Hurihuri | Good practice evident |
| My wellbeing / Hauora | Good practice evident |
| My contribution / Tāpaetanga | Good practice evident |
| My support / Taupua | Good practice evident |
| My resources / Nga Tūhonohono | Good practice evident |
| Organisational health | Good practice evident |
| Value for money | Good practice evident |
| Equity (including service responsiveness to te ao Māori) | Good practice evident |
| Enabling Good Lives | Good practice evident |
| **Overall rating**  | Good practice evident |

\* Rating guidance:

|  |  |
| --- | --- |
| Good practice evident | Many examples of good practice evident  |
| Development desirable | Some examples of good practice evident / further development desirable |
| Action required | Immediate and significant action 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)?**

Yes. The quoted information below is copied from the “Corrective Action Request and Follow Up” document written by DAA Group.

|  |  |  |  |
| --- | --- | --- | --- |
| **Finding**  | **Action** | **Progress** | **Evidence** |
| “Not all policies and procedures, as required by the standard, are available within this service. The medication management policy does not cover all aspects of medicine management for the service.” | “Policies and procedures describing quality and risk management, staff performance reviews, and processes around the pathway to wellbeing of whānau/service delivery are available and reflect current good practice.” | The service has put in place policies and procedures as required by the standard. | The Evaluation team checked policies and procedures as a part of the developmental evaluation. |
| “There was no indication that the current risk register had been reviewed or updated by the resident manager or the board.” | “The risk register is reviewed to show currency.” | The Evaluation team sighted an updated risk register and confirmed that management and board members were reviewing this regularly. | The risk register was sighted.  |
| “It was confirmed in staff records and by kaimahi that staff performance reviews had not been completed.” | “Performance reviews require completion for all staff.” | All staff have had a performance review, and staff records have been updated accordingly. | Performance reviews were sighted and with confirmation from kaimahi. |
| “A support plan was not available [removed for privacy] and [removed for privacy] had not been updated within the required timeframe.” | “All whānau hauā have a current individualised support plan that reflects and supports their aspirations, mana motuhake, and whānau rangatiratanga.” | All hauā had up-to-date support plans. | Support plans were sighted by the Evaluation team and the process was confirmed by hauā/whānau. |
| “[Removed for privacy] does not have a Needs Assessment plan (3.2.3 (c)), nor a description of their strengths, goals and aspirations (3.2.3 (f)), early warning signs and risks (3.2.3 (g)), or a description of wider service integration (3.2.3 (g)) on file.” | “Fundamental information about whānau hauā is available, including a comprehensive assessment that includes consideration of their lived experience, a description of their strengths, goals and aspirations, early warning signs and risks and of wider service integration.” | All hauā have a current needs assessment – completed by the NASC responsible for the area in which the service is located. | The Evaluation team sighted all needs assessments. |
| “Medication management policies and procedures do not cover all aspects of medication management as applicable to a residential service for people with intellectual disabilities.Medicine recording systems are not meeting legislative requirements and good practice guidelines.” | Medication management policies and procedures must cover all aspects of medication management as applicable to a residential service for people with intellectual disabilities.Medicine recording systems must meet legislative requirements and good practice guidelines. | The service has updated medication policies in the folders used to record medication administration. This document was updated during the evaluation to include the specific process for the administration of PRN medications. | The policy document was sighted in the home during the evaluation. |

1. **Recommendations and requirements**
	1. **Recommendations for areas of development**
* The service provides person-centric support to all individuals; however, it is unclear if individuals with no family connections have access to independent advocacy as needed.
	1. **Requirements (contractually required)**

There are no requirements.

1. **Evaluator reflection on the provider’s strengths**
* The service provides a warm, welcoming home with strong community ties to the local marae.
* The people in the home are supported by a dedicated and longstanding team of staff, with most having served for over a decade.
* The management and support staff all have a strong natural alignment with Enabling Good Lives (EGL) principles, ensuring a person-centred and culturally responsive service.
* Te Roopu Manaaki’s board and management have a focus on continuous improvement and strategic planning for the future.