

Providing a supportive environment to enable adults with intellectual disabilities to live a good life

#### **PURPOSE**

The Te Rori a Mua Trust is committed to providing a twenty-four-hour residential service for adults with an intellectual disability, and their support networks.

### **ENTRY**

Admission criteria and procedures are consistent, conform to Ministry of Heath contractual arrangements and are applied to all potential residents to their satisfaction.

#### PROCEDURE:

- 1. Eligible persons are adults 17 years of age and onwards who have a recognized intellectual disability which has existed for no less than six months or is deemed to last longer than 6 months.
- 2. Has limited or exhausted alternative community and family / whanau resources to help meet basic and living needs, or wish to live independently alongside their peers.
- 3. A needs assessment must be completed by an approved assessor accessed through an assessor nominated by the Ministry.
- 4. An application form, a personal profile form, the applicants medical history are obtained and completed.
- 5. Entry is offered in order of the waiting list.
- 6. Successful applicants may be admitted on a trial basis of three months to assess compatibility within the home.
- 7. On entry all applicants are required to have a full medical examination.
- 8. On entry a decision will be made about the need for guardianship. This decision can only be made by the Court.

### **EXIT**

Fair and consistent procedures lead to resident exit that result in satisfaction of all involved. Action is taken if discharges appear inappropriate.

#### PROCEDURE:

- 1. The undertaking is to provide life time care and support for full time residents except in the following circumstances:
  - A resident, with the support of his / her family, who decides to live elsewhere, for which one month's notice is required.
  - Should a resident require, because of his / her specialized medical needs, support on a long term basis that cannot be provided in our home setting.
- 2. All assistance will be given to move to a more appropriate residence should

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this prove to be necessary.

3. Records of reasons for exit and actions taken are maintained and audited annually.

### **Individual Plan:**

Each person has the right to an individual personalized service plan based on an assessment of strengths and needs which is designed to foster independence, skill development and personal life satisfaction, regardless of degree of disability or chronological age.

For each person an initial meeting would be held involving the person, family and support networks, staff and any other concerned parties, outlining a background profile, current needs and abilities, short term goals and requirements, family involvement, personal development and community participation. This would be formalized in an Individual Personalized Service Plan.

Formal reviews will be held annually, reconvening all persons involved in the initial meeting. These are guidelines and a meeting can be called should any party have concerns or information particular to the person's well-being and progress.

## **Family Involvement:**

The Trust acknowledges that the family is the primary source of love and security for the person and has the responsibility to nurture and support this relationship.

At least one member from each family will be involved in the Family Committee. Family members will be encouraged to make regular contact through visiting the home, weekends at home, telephone calls, letters etc. Families would be involved in all aspects of the Individual Personalized Service Plan. The Trust would assist family members to obtain generic services both public and private for the benefit of each individual person. The Trust will provide an environment that is supportive, non-threatening and motivated, that encourages all family members, irrespective of age, to feel comfortable to visit and participate.

## **Community Involvement:**

The Trust will strive to make community environments open to involve people with intellectual disabilities, ensuring that people are taught the skills and behavior that will enable them to function within the aims of that environment.

The Trust would adopt a profile within the community and develop a liaison with other agencies. Participation and use of the community activities and facilities will be dictated by the individual needs of each person. Encouragement of access would be given to facilities such as church, library, cultural services, pony clubs, athletic clubs, and specific disability groups. Links with services such as Waipareira Trust, Pacific Island Church groups, Arohanui School, Transition services and Community night classes. The Trust will foster enthusiasm for participation in vocational training opportunities and a desire to actively pursue work options in the community.

### Health/Medical Issues:

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Each person has the right to prompt and adequate health and dental care, and treatment and developmental training services that fosters potential to increase independence.

No assumption would be made by the Trust that peoples present medical services would be changed due to geographical area changes, i.e. if a person is receiving an excellent service from their present G.P; it would unnecessary to change it. Regular medication, health and dental reviews will be completed in consultation with family, and where possible they will be encouraged to attend.

Administrating medication and Appointments with health services will be recorded. Epileptic seizures will be recorded.

### Advocacy:

The Trust is committed to supporting the development of advocacy programs and the participation in advocacy groups within the community, which assist people to make their ambitions and desires more clearly and readily understood. In supporting people to advocate for their rights we will be teaching them to recognize that 'rights' incur 'responsibilities'.

Home meetings will occur monthly, facilitated by an independent volunteer. Encouragement will be given to join and participate in groups such as, Action for Self Advocacy. The system of IPSP's and family participation also encourages avenues and opportunities for people to voice opinions, concerns and needs. In fostering self advocacy, it would be a priority, to encourage and support the facilitator and/or group representative to attend and/or present minutes/report of home meetings.

## **Personal Rights:**

The Trust respects the person's right to dignity, privacy and humane care with appreciation for the safety and comfort for each person.

The Trust recognizes the person's:

- Right to feel valuable as a person. People show awareness of the person's presence and active participation is encouraged in all aspects.
- 2. The right not to be labeled. People are helped to understand their particular strengths and weaknesses.
- 3. The right to privacy. Each person will have their own bedrooms, with their own personal belongings. The trust will endeavor to ensure people have access to areas where people can to be on their own, and to have private telephone conversations.
- 4. The right to variations in routine. People will be encouraged to participate in menu planning, purchasing and preparation. To be involved in the daily routines such as chores, activities and decisions.
- 5. The right to age-appropriate activities and facilities. The Trust will ensure that people dress according to age, socializes in an appropriate peer group, has available games, toys, books and hobbies which enables the development of skills.

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6. The right to have and keep own friends. The Trust will encourage the development of personal friendships within and out of the home. People will be assisted in having transport and access to friends. The Trust will make available information, counseling and training on personal relationships.

### 1. QUALITY INDICATORS

Resident / family / whanau / advocate satisfaction Staff satisfaction

### 2. RELATED DOCUMENTS

Client Rights Policy & Procedure Service Delivery Policy Client Records and Documentation Policy Client File

#### 3. LEGISLATION

Code of Health and Disability Services Consumers' Rights (the Code) 1996.

Health (Retention of Health Information) Regulations 1996.

Health and Disability Commissioner Act 1994.

Health Information Privacy Code 1994.

Health Practitioners Competence Assurance Act 2003.

Human Rights Act 1993.

New Zealand Bill of Rights Act 1990.

New Zealand Public Health and Disability Act 2000.

Privacy Act 1993.

#### 4. REFERENCES

NZS 8134.0:2008: New Zealand Standard Health and Disability Services (General) Standard, (2008).

NZS 8134.1:2008; New Zealand Standard Health and Disability Services (Core) Standards, (2008).

NZS 8134.1.1:2008; New Zealand Standard Health and Disability Services (Core) Standards - Consumer Rights, (2008).

NZS 8134.1.2:2008; New Zealand Standard Health and Disability Services (Core) Standards - Organisational Management, (2008).

NZS 8134.1.3:2008; New Zealand Standard Health and Disability Services (Core) Standards - Continuum of Service Delivery, (2008).

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