



12 November 2025

Tēnā koe

Official Information Act request

Thank you for your email of 16 October 2025, requesting the 2015 evaluation report for MASH Trust.

I have considered your request under the Official Information Act 1982 (the Act).

Please see attached the Developmental Evaluation Report Summary for MASH Trust from 10 September 2015. Thank you for advising us that the link on our website was linking to the incorrect document. We are working on getting this fixed.

Some information is withheld under section 9(2)(a) of the Act, to protect the privacy of natural persons. The need to protect these individuals outweighs any public interest in the release of this information.

I will be publishing this decision letter, with your personal details deleted, on the Ministry's website in due course.

If you wish to discuss this response with us, please feel free to contact OIA_Requests@msd.govt.nz.

If you are not satisfied with my decision on your request, you have the right to seek an investigation and review by the Ombudsman. Information about how to make a complaint is available at www.ombudsman.parliament.nz or 0800 802 602.

Ngā mihi nui


pp. 

Anna Graham
General Manager
Ministerial and Executive Services

Developmental Evaluation Report

Summary

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

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|---|--|--|
| Name of provider: | MASH Trust | |
| No. of houses (5 or more beds) visited# and location | 3 | s9(2)(a)  |
| Date visit/s completed: | 10 September 2015 | |
| Name of Developmental Evaluation Agency: | SAMS (Standards and Monitoring Services) | |

General Overview:

This report is a review of corrective actions requests (CARS) following an audit review by the Designated Auditing Agency (DAA), DAA Group Limited, in August 2013. The MASH Trust reports it has a four year certification process. This report also provides a summary for the Developmental Evaluations of four properties (three of which are listed as supporting five or more people). At the time of completing this report only one corrective action was due for review. This corrective action was from a rural property known as s9(2)(a) just outside Levin. The corrective action has been fully completed by the service.

MASH Trust was established in 1990 to support people in the community following deinstitutionalisation processes. MASH provides community based residential options as well as vocational opportunities for the people it supports. It has a number of homes in the Horowhenua and Rangitikei areas, and smaller groupings in Kapiti, Wellington and Hawkes Bay. In recent years the Trust has taken over three smaller services, namely: The Kapiti Welcome Trust in 2009, the PORCH Trust in 2015, and the Dawn Trust in 2014. This report includes residential flats from both the previous Kapiti Welcome Trust s9(2)(a) and PORCH Trust s9(2)(a).

The four homes that were subject to a developmental evaluation included the following:

- s9(2)(a) Levin (three people living in this home)
- s9(2)(a) Paraparaumu (five people)
- s9(2)(a) Paraparaumu (six people under Ministry of Health funding)
- s9(2)(a) Porirua (nine people under Ministry of Health funding)

Both s9(2)(a) and s9(2)(a) also support seven and 11 people (respectively) with District Health Board Funding (DHB). Four people at s9(2)(a) have very high needs, or one-to-one funding, the remainder in all four homes are supported with less intensive staffing ratios.

The range in services being summarised in this review include two services that have been acquired by MASH Trust (2009 and 2015 respectively). Both services differ from many other services for people with intellectual disabilities since they support a range of flats and there is a mix of people with both mental health issues and intellectual disabilities. In contrast, the other two services in this review are 'typical' group homes for people with only Ministry of Health Funding. The variation in the type of services under review in this summary, and the particular strengths and areas for development in each, are therefore unique and cannot easily be compared.

The two 'typical' group homes both have a stable and dedicated staff team who is respectful of each person they support. The stability in the staff teams allows for consistent and focused support and can make the most of goal planning and implementation.

The team at s9(2)(a) is divided between the new MASH staff and the previous PORCH Trust staff. The new measures imported by the MASH Trust to support people in this setting have replaced more paternalistic and controlling practices. The changes have been difficult for the previous PORCH staff to understand despite efforts by the MASH Trust to retrain and support these staff. The evaluation report therefore focused on methods to introduce staff to other services/homes (using shadow staffing) that are fully committed to current best practice. Other recommendations and requirements in that report are reflective of the transition between the old and new philosophies and practices.

For the service at s9(2)(a) four of the six people visited by the team had one-to-one support. All of these individuals chose to live alone in their flat with staff support. Communication between consumers/family members and the team leader, and within the staff team were considered specific areas for development, as were inconsistencies between the vision of the MASH Trust and practice. Also, the Evaluation Team identified the need for improvements in person centred planning processes and reporting systems as an area for development, and specific areas for improving personal files/paper work.

MASH Trust has a good approach to person centred planning. In general plans are in place, detailed and up-to-date. There was clear evidence of progress occurring in three of the services under review but all four reports suggested that increasing the amount of detail about how goals well goals were progressing would be useful. Also, including discussion of progress on personal planning goals in staff meetings was considered by the Evaluation Teams as a useful method of involving all staff.

The MASH Trust has vocational services on-site at both s9(2)(a) and s9(2)(a). There is also a separate vocational service, Living Plus, that is available to people at all four of these properties. In general, the evaluation reports suggest that people are pursuing weekday and leisure options of their choosing and in three services some people have paid employment. The people from s9(2)(a) make greater use of the vocational service at Living Plus than the other three services. Certain people in all four services have the option of having some or all of their vocational programmes offered from home.

Areas of Service Strength

- The MASH Trust has a clear mission and set of values that it uses to drive services. This mission and set of values is consistent with current best practice.
- The service has an ongoing staff training programme that includes foundation skills, induction and orientation, and specific specialist topic areas.
- There are an adequate number of staff available in each of the settings visited.
- In general the services all provide appropriate records that are kept secure.
- Medication information and records are up-to-date and appropriate training is provided.

- The staff teams in two of the four services reviewed are stable and cohesive.
- Communication in three of the four services is clear and families understand who they can approach for information as required.
- Person Centred Planning is at a high standard in three of the four services visited.
- People are supported to keep good health and support plans are sufficiently detailed and up-to-date.
- Two of the properties are in good repair and a third has repairs underway (and ongoing).

Areas of Suggested Development in the SAMS 2015 evaluation reports

- Reporting on person centred planning goals could be more detailed.
- Two of the four services have specific issues within the staff teams so that they lack cohesion and vision.
- Communication could be improved in one of the services reviewed.
- There are some paper work requirements in two of the services.
- Repairs are needed in one service.
- Restrictive practices were noted in one service.
- There were a few minor issues/observations in all services that have suggested recommendations.

Quality of Life Domains

1 – Identity:

The MASH Trust has a good person centred planning system with appropriate professional oversight. The plans are completed at least annually and generally provide clear steps to assist people to make progress on specific goals and aspirations. Three of the four evaluation reports indicated a need to improve or expand the methods of reporting on personal goals. For instance, the monthly reporting format is restricted to approximately one paragraph (handwritten) and does not provide for details on what worked well, what did not and where to next. Also, two reports indicated that personal planning goals are not discussed to any degree in team meetings. This may be useful as the whole staff team can help problem solve and get up to speed on what individuals have been doing. Three of the four reports provided recommendations concerning plans and/or reporting on personal planning goals.

Each person was indicated in all four reports to have a current support plan. Each person also has a current assessment with the local Needs Assessment and Service Coordination agency (NASC). MASH reports it has a good working relationship with the local NASC.

The staff teams in two of the four services were stable and cohesive. s9(2)(a)
s9(2)(a) has a number of new staff employed by the MASH Trust who have an understanding of current best practice and MASH values. However, difference between the new and existing staff members has created specific tensions to a degree that the team is not yet stable or is capable of working together consistently and with a shared vision. There are also specific areas where the staff team at s9(2)(a) are not working cohesively together. In particular, communication within the team and with the team leader.

In most cases, the people in each home and flat are happy with their living situation and their flatmates (if they have any). There were a few people who were having difficulties and who were involved in on-going discussion with the service and (in one case) with the NASC.

Each person has a home agreement that is up-to-date.

Each person in all four services had planned weekly activities that ranged from involvement in MASH vocational services, voluntary work, involvement in clubs or organisations, paid employment and vocational programmes run from home. All appeared satisfied with their vocational support.

MASH Trust works hard to assist people to maintain and improve friendship networks. The service also has progressive policies and procedures concerning sexuality and sexual expression. Two reports suggested providing training for staff in sexuality and relationships concerning people with intellectual disabilities.

2 – Autonomy:

The MASH Trust supports people to take responsibility for their own homes as much as this is possible. All four services provide rosters for people to complete certain chores or be involved in meal preparation. In most cases people are able to make their own beverages and prepare simple meals (such as breakfast and lunch). The staff at s9(2)(a) are in the process introducing all of these practices (where previously they were absent). Improvements are still continuing in this service, especially in the four bedroom flat on the property.

The people in all four services have had the opportunity to meet together and discuss issues of mutual interest. For the service at s9(2)(a) the MASH Trust has enlisted the services of an independent advocate. House meetings in all four services have varied depending on individual choices.

Family members report good communication in three of the four services. There were specific communication issues at s9(2)(a) that were the subject of recommendations by the Evaluation Team. Two reports note that neither consumers or family members are involved in staff selection. One report s9(2)(a) suggested a review of this situation.

The homes/flats are reported to be personalised to varying degrees. The two group homes have been established for some time and there are personal touches both in the main living areas and in bedrooms. The flats at s9(2)(a) are decorated as desired and are reflective of the people who live in each. The exception would be the main four bedroom flat which appeared somewhat Spartan. No information is provided for the flats at s9(2)(a) except that some people prefer to live alone with staff support.

Personal records are kept secure and the MASH Trust uses an on-line system to record daily diary entries. Two reports indicated that the on-line system is area secure. This means that staff from outside the area cannot access the reports for people in other areas and each staff member has a unique password. The on-line system at s9(2)(a) is only available to staff at s9(2)(a). The on-line system in Levin is open to staff from other homes in Levin but staff are only expected to access files for homes they will be working in at any given time. The service is able to review which individual files staff have accessed.

Records in personal files tended to be clear, relevant and concise. The exception was at s9(2)(a) where some information in personal files was out of date, inconsistent or incomplete. This was the subject of a recommendation in that report.

All three properties are located in typical suburbs and have appropriate access to town centres.

3 – Affiliation:

Individuals in all four settings are involved in a variety of activities in their local communities. There are frequent trips to local town centres, a variety of events and activities at local parks and recreation facilities and many people belong to clubs or groups.

Many people have access to religious services of their choice. The people at s9(2)(a) continue to have a religious service on-site on Sunday from the old Chaplain of Porirua Hospital. The service reports that people continue to want this event to occur on Sunday and none have opted to attend services off-site.

Many people in the four services identify as Maori or Pacifica and the service has worked hard to maintain links relevant to each person's cultural identity.

The people in these services occupy valued social roles such as artists, workers, sports people, family members, elders etc.

4 – Safeguards:

The service strives to maintain and strengthen family links. In three of the four services families indicated they were satisfied with the service provided. The families of people at s9(2)(a) were specifically concerned with the level of communication provided.

MASH provides an annual satisfaction survey that is completed to varying degrees by both the people who use the service and family members. The MASH Trust provided hard copies of these surveys but there were no specific breakdown of trends provided at the time.

Personal files provide essential information and contact details. Alerts or risk assessments are linked to support plans and are highlighted with red tags. Alerts are also highlighted in the on-line system that staff must click on to acknowledge in order to gain access to each person's on-line records.

Behaviour support plans are current for those that have them.

Each service has a fire evacuation plan and system of checking fire safety equipment. Fire drills are practiced at three to four month intervals (although s9(2)(a) was yet to practice a drill with the new management).

Civil defence plans are in place and each home/service has civil defence equipment and supplies.

Incident and accident reports are up-to-date and provide appropriate follow-up in all services.

Medication folders were complete and records were up-to-date. The medication cupboard at s9(2)(a) was not locked on one visit but the Evaluation Team and this was report, along with a recommendation. Staff complete medication competency training and annual reviews are conducted.

The staff have orientation and induction training when they first begin work at the MASH Trust. Staff work alongside existing staff when they are introduced to a new home for a two week period. Ongoing training is encouraged. The evaluation teams variously suggested areas where specific teams could investigate further training in report recommendations. In particular, sexuality and relationship training, hearing voices training, disability specific training, the Certificate in Human Services, etc

5 – Rights:

The people in all four homes were familiar with their rights or had access to the Health and Disability Consumer Rights statements. Families were likewise familiar with the rights statements. Both the people in the homes and the families understood how to make a complaint and were confident with the processes.

Policies on least restrictive and positive behaviour support approaches were available in the policies and procedures. There were also policies regarding abuse and neglect and restraint minimisation. Staff are required to have read and indicated they have understood these policies. Understanding was evident in three of the four services. Restrictive practices were being removed from the service at s9(2)(a)

s9(2)(a) follow the relatively recent change in management of this service. The staff from the previous service were still coming to terms with the philosophy behind the recent changes. Likewise, the staff did not have a clear understanding of restraint minimisation policies and procedures, and there were no protocols or documentation around observed restraints (locked wardrobes, access to kitchen facilities etc). Restrictive practices and restraint processes etc were the subject of both requirements in the SAMS developmental report for this service.

6 – Health and Wellness:

The MASH Trust has clinical nurse managers available for all of its services. The services at both s9(2)(a) has a clinical manager available on-site.

Each person supported in this service has access to a doctor of their choosing. Annual health checks are completed and people have regular dental appointments.

The Health passports in the files at s9(2)(a) were reported to be incomplete. This was the subject of a recommendation in that report.

People in three of the four services have personal property inventories in their personal files. The personal property inventories at s9(2)(a) were not completed and this was the subject of a requirement in that report.

The Annual Report is available on the service website along with details on the organisational structure and the senior management team (www.mash.org.nz). MASH won the New Zealand Business Excellence Foundation bronze award in 2014 and has a business continuity plan dated April 2015.

Progress on meeting Corrective Actions

Finding 1 – Criteria 1.4.3.1

A strong odour of urine from the first bathroom was noticeable on entering the house at the s9(2)(a)

Action

Landlord to be contacted for new flooring in the bathroom

Service response

The problem was associated with rotting floor board that had become saturated around the toilet bowl over time. The service had attempted other methods to reduce or eliminate the odor but these were ineffective. MASH rents the property from Housing NZ who was somewhat tardy in its response to requests to have the problem rectified. The SAMS Team visited the site during the evaluation of other services and at that time repairs had not been started. However, progress had been made by the time the Evaluation Teams had completed their final reports.

Progress

Repairs are currently underway at the service.

No Further Action Required

Outline of requirements and recommendations from SAMS Developmental Reports

There were three requirements relating to the four services reviewed. Two of these related to the previous restrictive practices being phased out from the previous management of s9(2)(a) They state;

- The service reviews its contractual requirements at s9(2)(a) to provide restraint documentation and systems of review and oversight for any and all restrictive practices that falls under the definitions of restraints and enablers. (Section 6.2, 5.2)
- The service provides a system of continual review of any and all practices that may be considered 'restrictive' and/or limit the opportunities for individuals to develop personally. (Sections 6.2, 5.2, 4.2, 2.1, 1.8).

There was also a requirement for the service at s9(2)(a) relating to personal property inventories. It simply states:

- Complete personal inventories. (Section 6.2).

There was a list of thirteen recommendations over the four reports. They included for s9(2)(a)

1. The service considers extending or developing how progress notes are made on personal planning goals and extends staff meetings to include discussion of personal goals for each person on a rotating basis. (Section 1.1).
2. The service continues to provide a platform of training opportunities for staff as indicated in Section 4.2.
3. The service continues to provide a strengths based approach to service provision that enhances and encourages empowerment and opportunities for personal development. (Sections 6.2, 5.2, 4.2, 2.1, 1.8).

The recommendations for s9(2)(a) included:

1. A consistent and aspiration based approach to Person Centred Planning be achieved (Paragraph 1.1).
2. Review communication strategies to support positive relationships and partnership with the stakeholders (Paragraph 1.7).
3. Assess the needs for repairs to some of the units (Paragraph 2.2).
4. Review records so they contain complete information (Paragraph 2.3).

The recommendations for s9(2)(a) included:

1. Ensure planned transition occurs for staff from and into s9(2)(a) (Paragraph 2.1).
2. Remind and ensure all the staff at s9(2)(a) check the medication cupboard is kept locked (Paragraph 2.3).
3. Complete Health Passports (Paragraph 6.1).

The recommendations for s9(2)(a) included:

1. The service considers extending or developing how progress notes are made on personal planning goals and extends staff meetings to include discussion of personal goals for each person on a rotating basis. (Section 1.1).
2. The service considers methods of increasing consumer participation in formal staff selection interviews. (Section 1.7).
3. The service considers training and courses for both the staff and the people in the home (together or separately) in relationships and sexuality. Training in specific disabilities may also be useful to help the staff better support the individuals. (Section 1.6, 4.2).