

Quality Outcomes Report 2015



North Tyneside Council

COMMUNITY INTEGRATED CARE 15TH SEPTEMBER 2015



North Tyneside Council

Name of Service:	Community Integrated Care
Date of Visit:	15th September 2015
Manager:	Sean Todd
Person in Charge on day of visit:	Sean Todd
Contracts Team Officers:	Bev Gosling and Kim Pennock

Not Met	Poor evidence of outcome being met
Partially Met	Good evidence of outcome being met /majority of evidence is in place but not all
Fully Met	All evidence is in place demonstrating the outcome is fully met

SUMMARY;

Community Integrated Care offer ISL support across two sites, Sunbeam House which is situated in Wallsend and Linskill Bungalows which are situated in North Shields. Both sites are well decorated and are close to local shops and transport links. It was noted during the visit that staff had lacked daily supervision over the last 12 months, which has resulted in gaps in care planning, recording, meetings etc. This was raised with the acting Manager at the point of the Quality Monitoring visit. Service users seemed well cared for and there appeared to be a good rapport between them and the staff that supported them (see individual reports for further detail)

Main Outcome	Related Outcome Measures	Comments	Outcome	Outcome Score
1. People benefit from Personalised Care	1.1 Effective assessment procedures ensure that placements are appropriate and well planned	This outcome was partially met. It was not always clear that that the individual or appropriate other had been involved in the assessment process.	Partially met	1
	1.2 Effective care planning and review processes ensure people receive excellent, individualised care	This outcome was partially met. There was no evidence to show that service users or appropriate others were involved in the care planning and review process. Care plans would benefit from further detail in relation to life history. Care plans and risk assessments were out of date and should be reviewed on a regular basis. It was difficult to evidence service users had regular visits to/from GP's, Dentists etc as this information was not always recorded in the support plans. Staff did however record this detail in the communication book. It was recommended that information should be transferred to the care plans moving forward. There was not always recorded evidence that service users were encouraged to attend an annual health check with their GP.	Partially met	1
	1.3 Positive risk taking ensures people are encouraged to maintain independence	This outcome was partially met. As highlighted in last years report there is no specific Positive Risk Taking Policy in place, however risk taking is covered to some degree in the Health & Safety Policy and the Safeguarding Policy. There were gaps in the review of risk assessments, and they were not always signed by the client or their representative.	Partially met	1
			Score	3

Main Outcome	Related Outcome Measures	Comments	Outcome	Outcome Score
2. People are supported by excellent staff	2.1 Comprehensive training procedures ensure staff have access to up to date knowledge and skills that is appropriate to the needs of the service users receiving the service.	This outcome not met. Staff who work at one of the services have not been through the initial induction programme nor had been offered mandatory training despite working for CIC for 16 months. There is a robust system in place that alerts the Manager when mandatory training is due however this had not been picked up by the previous Manager.	Not met	0
	2.2 Staff are supported to undertake their duties	This outcome was not met. Supervisions were out of date, with staff not having supervisions since 2014. Staff meetings had not been held since 2014. There was not formal handover system in place, and instead all information is recorded in the communication book. Staff in both services advised they had very little communication with management over the last 12 months.	Not met	0
	2.3 Positive Staff Morale ensures people receive dignified care from a stable and productive staff team	Overall this outcome was met. The Manager advised Head Office had sent out annual staff satisfaction surveys however findings and any actions had not yet been shared. Some staff advised that moral within the team could be better. As there has been neither staff or tenant meetings we were not able to view any minutes.	Partially met	1
			Score	1
ems ensure an excellent quality of service provision	3.1 Effective quality assurance procedures ensure the manager has a clear overview of service performance	This outcome was not met. Community Integrated Care have a range of quality assurance systems in place as an organisation however they are not being utilised in the ISL properties i.e. audits are not being undertaken in relation to accidents and incidents, case tracking and monitoring files or to monitor areas of improvement.	Not met	0
	3.2 Effective Business Continuity procedures ensure the service can continue to care for people during crisis situations	This outcome was not met. There was no evidence of Business Continuity Plans being in place in either property.	Not met	0
	3.3 Effective recruitment procedures ensure the right staff are employed and people are protected from harm	Overall this outcome was met. Staff at one of the properties had transferred from another provider and the file we viewed did not contain any references.	Fully met	2
	3.4 Effective staff management ensures the right numbers of staff are available at the right time and have the right skills, knowledge, experience and competencies to carry out these duties.	This outcome was partially met. Staffing levels are determined by Social Work Teams, therefore because of shared support hours it was not always clear that the rota allowed for flexibility and spontaneity. The working time directive was not evident on all staff files.	Partially met	1

Main Outcome	Related Outcome Measures	Comments	Outcome	Outcome Score
3. Management syst	3.5 Robust financial procedures ensure people retain as much financial independence as possible and are protected from financial abuse	This outcome was partially met. During the visit it was apparent that staff had not checked the service users finances or made the correct adjustments to their respective balances after a shopping trip earlier that day. There was some confusion by staff when asked to balance the accounts. It would be good practice for staff to record transactions as soon as possible on returning to the house to avoid confusion and errors. Staff did not check and sign the balances before going off shift for audit purposes. From discussions with staff it was clear there was no regular auditing of the personal finances. Best practice would dictate this should become a regular process. It was recommended that inventories be kept to record items of value.	Partially met	1
			Score	4
4. People benefit from a transparent, consistent and equitable service through effective policies and procedures	4.1 Effective Health and Safety procedures ensure people are cared for in a safe environment	This outcome was not met. We were advised the Health & Safety Policy was under review . The policy we viewed was out of date and had not been signed by a senior person from CIC. An Immediate Notification Form was issued in relation to Fire Safety. Fire Risk Assessments were not available to view in either service however the Manager was able to produce the document for Sunbeam House the following day. It was advised Fire Risks Assessments be implemented for all services and should be kept at the property and made available for all staff. There were no Personal Emergency Evacuation Plans in place, and regular fire drills and inspections were not carried out. There was no evidence that staff were consulted in matters relating to Health & Safety. It was advised that risk assessments should be implemented for those residents unable to summons assistance in an emergency.	Not met	0
	4.2 Equal Opportunities procedures promote equal access to services and protect people from discrimination	This outcome was partially met. Equality Impact Assessments were not carried out when implementing or reviewing policies. Although CIC do have a Gender Sensitive Caring Policy, it was recommended that service users or their advocate be formally asked their choice around the gender of the carer to carry out any personal tasks and this be recorded on the care plan.	Partially met	1
	4.3 Proactive Complaints and Compliments procedures ensure services are reactive and responsive to people's needs	This outcome was not met. Although there is a corporate Complaints Policy, at the point of the monitoring visit, neither service had access to it. There was no evidence that staff or service users were encouraged or raise issues, concerns or suggestions for improvements. There was no complaints log in situ, therefore we were unable to evidence if a complaint had been made or responded to.	Not met	0
	4.4 Confidentiality and data protection procedures ensure that sensitive information is treated with respect	Overall this outcome was met. There is no specific policy which relates to photographic equipment in relation to safeguarding , however it is covered to some degree in the staff handbook.	Fully met	2
			Score	3
	5.1 People are able to engage in meaningful activity and occupation	This outcome was partially met. It was not always clear how individuals were involved in drawing up their programme of activities. It would be good practice to carry out a community mapping exercise.	Partially met	1
	5.2 People are encouraged and supported to maintain and develop relationships	This outcome was fully met.	Fully met	2

Main Outcome	Related Outcome Measures	Comments	Outcome	Outcome Score
5. People experience dignity and respect	5.3 People are proactively involved in services	This outcome was partially met. We were advised that staff had been recruited into Linskill Park. The Manager advised that clients had been involved in the selection process however we were not able to evidence this. Corporately client surveys are carried out however we were unable to evidence how they are used to develop the services or set targets.	Partially met	1
	5.4 People experience Choice and Control in every part of their life	This outcome was partially met. Further work should be undertaken to promote advocacy involvement. Although in practice service users do have choice in their daily routines this was not clear in the communication book.	Partially met	1
	5.5 Privacy is a valued part of everyday life	This outcome was partially met. Service users are supported where possible to manage their own keys however these arrangements were not highlighted in the care plan. Further work should be undertaken in relation to people determining who has access to their own home.	Partially met	1
	5.6 People experience a sense of belonging and being a valued part of the community	This outcome was partially met. Further work should be carried out in relation to developing links with the local community and neighbours. It was recommended a community mapping exercise be carried out.	Partially met	1
	5.7 People have timely and appropriate access to information	This outcome was partially met. We were advised the client handbook was in the process of being reviewed. Head Office was not prepared to submit an old handbook as the information in it was out of date. CIC no longer produce newsletters however service users who have capacity use a social networking site called 'YAMMER' and are encouraged to attend forums and use internal chat rooms.	Partially met	1
			Score	8
6. People are protected from avoidable harm and are cared for in a safe environment	6.1 The Mental Capacity Act 2005 and Deprivation of Liberty procedures are effective and ensure people are treated with dignity and are protected from harm	This outcome was partially met. Further work should be undertaken in relation to capacity being considered when certain decisions have been made.	Partially met	1
	6.2 Excellent safeguarding procedures ensure people are protected from harm	This outcome was not met. There was no evidence that service users were provided with any information relation to safeguarding. There was no safeguarding log in situ. As staff had not received supervisions nor had team meetings, there was no way of understanding how the importance of safeguarding is raised with staff. Staff had not had their competences assessed against the Safeguarding National Competence Framework. The Safeguarding Policy should be expanded to include protection factors around the suitability of people entering the home and who the providers commission to carry out work within the service.	Not met	0
	6.3 Proactive falls prevention practices and procedures ensure that actions are taken to reduce the incidence and impact of falls	This outcome was not applicable. We were advised non of the service users who were supported at the time of our visit were at risk of falls.	Not applicable	Not applicable

Main Outcome	Related Outcome Measures	Comments	Outcome	Outcome Score
6. People are protected from potential hazards	6.4 Maintaining a safe environment ensures people are protected from potential hazards	This outcome was partially met. Although there is an electronic system for recording repairs, at the point of the visit this was not available for staff to use. Repairs were reported and dealt with on an ad hoc basis then recorded in the communication book.	Partially met	1
	6.5 Appropriate and safe equipment ensures people receive safe and dignified care	This outcome was not met. Assistive technology was used in one of the sites however the equipment was not being routinely checked to ensure it was in good working order and there was no evidence that staff had been trained in its use.	Not met	0
			Score	2
7. People experience improved health and well-being	7.1 People's nutritional needs are comprehensively met and dining is a positive experience for all	Overall this outcome was met. It would be good practice to record discussions with service users about menu choices.	Fully met	2
	7.2 Effective Health and Hygiene practices minimise the risk of cross infection	Overall this outcome was met. Although the properties were clean, there was no evidence of cleaning rotas being in place.	Fully met	2
	7.3 Robust medication procedures ensure people receive the right medication at the right time to protect their health	This outcome was partially met. MAR charts were not always completed by staff when medication had been taken. There was no process in place for checking medication was correct at the point of handover. Not all staff had received their annual refresher medication training nor had their medication competencies assessed.	Partially met	1
			Score	5

Total Scored	26
Maximum Score	58
Percentage scored	45%