

# Quality Outcomes Report 2015



North Tyneside Council

## ESPA (STATION ROAD) OCTOBER 2015 v2



North Tyneside Council

Name of Service:	Espa (Station Road)
Date of Visit:	12 & 13 October 2015
Manager:	Katherine Howie
Person in Charge on day of visit:	Katherine Howie
Contracts Team Officers:	Kim Pennock & Kylie Marti

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;**

Station Road is a registered service for six service users. Two service users live alone in their own self contained space (flat) whilst the remaining four share the other two flats however service users do not have a tenancy for this. The property is situated in a quiet area of Forest Hall near to shops and local amenities. There are excellent public transport links which are used by the service users to access the wider community. Staff are excellent in promoting life skills and independence and know the service users very well. A lot of consideration is given to staff placement and they are well matched to the service users they support. The manager had a very good overview of the service and is constantly looking for ways to create new goals and expand horizons for the service users. During discussions the area manager, who has been in post for a short number of weeks, informed us that she had created an action plan of priorities and changes which she felt were necessary. The area manager was very positive in respect of improving training and supervisions for staff.

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 fully met. The pre assessment process was comprehensive and thorough. Families were requested to complete questionnaires. It was evidenced that the service users capacity and consent to the placement was considered.	Fully met	2
	1.2 Effective care planning and review processes ensure people receive excellent, individualised care	Overall this outcome was met. Although the planning tool was not one which was recognised it was extremely person centered and very detailed. It was evident from conversations with the service users that they contributed greatly towards the type of support they received and were engaged with regularly to discuss strategies. Although this was not always formally recorded which was disappointing. Individual support plans were comprehensive and well recorded identifying long term goals and ways to increase independence. However, no review of the support plans had taken place for a period in excess of 3 years although it was evident from other records that changes had occurred during this period. Regular health checks and visits to the GP are attended and recorded.	Fully met	2
	1.3 Positive risk taking ensures people are encouraged to maintain independence	Overall this outcome was met. The Risk Taking policy was dated January 2014 it would be good practice to review this. Individual risk assessments were evidenced and reflected the involvement of the service user. Positive risk is promoted throughout the service particularly in areas which promotes the service users independence.	Fully met	2
			<b>Score</b>	<b>6</b>

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 clients receiving the service.	This outcome was partially met. It proved difficult to ascertain when the initial induction programme had taken place for a staff member and the training that was included. However, a new induction programme has now been introduced. It was not recorded that all staff had undertaken current relevant mandatory training. The training matrix evidenced training dates but not expiry of certificates. Many staff did not have current up to date medication administration training. This was highlighted during discussions with the training manager who was unaware of best practice guidance (i.e. every 3 years with ongoing competencies). Staff were offered the opportunities to achieve a recognised vocational qualification following mandatory training. Some staff had been trained to reflect the needs of the individuals being supported but this was not always recorded in staff files. Staff training was supported within rota hours, however it was difficult to ascertain the regularity of training from the training matrix. Staff had not had their competence assessed against the National Safeguarding Competence Framework and the Manager was not fully informed of this requirements. An email has been forwarded and received by the Manager with the required toolkit attached. This will need to be completed and understood by all staff in anticipation of next years monitoring visit.	Partially met	1
	2.2 Staff are supported to undertake their duties	This outcome was not met. Staff supervisions were not regular and appraisals were not evidenced. Staff meetings were infrequent and not always signed by those attending. Handovers were recorded but not always signed. A clear and transparent process for handovers would prove beneficial.	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. An annual satisfaction survey was last undertaken during 2014. Staff are given generous terms and conditions including 10 weeks annual leave. The staff team were very positive and enjoyed their role. Service users spoke with enthusiasm when asked about their support staff.	Fully met	2
			<b>Score</b>	<b>3</b>
3. Effective quality assurance procedures ensure the manager has a clear overview of service performance	3.1 Effective quality assurance procedures ensure the manager has a clear overview of service performance	<p>This outcome was not met. Files had not been case tracked or monitored. Accidents and Incidents involving service users are forwarded to the Behavioural Nurse, and staff incidents were recorded in an office file. There was not a coordinated recording for all accidents and incidents in order to identify trends. Peer quality assurance inspections should take place 4 times each year however this has not regularly taken place. An annual survey is forwarded to service user's and their family. Sharepoint is a computer programme which managers can access to view policy documents.</p> <p>There was no evidence of performance monitoring or management reviews. During discussions with the newly appointed General Manager they explained that their role would include improving quality assurance within the services and to develop systems and processes to monitor and review performance.</p>	Not met	0

Main Outcome	Related Outcome Measures	Comments	Outcome	Outcome Score
3. Management systems ensure an excellent quality	3.2 Effective Business Continuity procedures ensure the service can continue to care for people during crisis situations	This outcome was partially met. There is a comprehensive Critical Incident and Emergency Response plan. It would be good practice to include copies of current MAR sheets within this in the event of evacuation. There was no evidence of the plan being reviewed or dated. Although staff were aware of the plan as this forms part of the ISL induction there were no records to support training of staff in use of the plan.	Partially met	1
	3.3 Effective recruitment procedures ensure the right staff are employed and people are protected from harm	This outcome was fully met.	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 fully met. During the visit it was apparent that a lot of work goes into ensuring the compatibility of staff with the needs and nature of the service users.	Fully met	2
	3.5 Robust financial procedures ensure people retain as much financial independence as possible and are protected from financial abuse	Overall this outcome was met. It would be good practice to record a comprehensive inventory of service users belongings.	Fully met	2
			<b>Score</b>	<b>7</b>
ough effective policies and procedures	4.1 Effective Health and Safety procedures ensure people are cared for in a safe environment	This outcome was partially met. There was limited evidence provided to suggest that the service are regularly consulting with their employees under health and safety regulations. Best practice would dictate a clear method of communication with employees in regard to Health and Safety. This was discussed during the visit and a standard item agenda in regular staff meetings would suffice. A comprehensive monthly audit of accidents and incidents across services including both staff and service users would be good practice, in order to identify any trends. A fire risk assessment dated September 2015 was in place and evidence was viewed of monthly fire drills which had been conducted at different times. A new member of staff is now in place as the competent person in fire issues who has taken charge of ensuring that evacuation arrangements are in place and tested on a regular basis. There was limited evidence that personal emergency evacuation plans (PEEPS) were in place; though emergency contact details were available for all of the clients. It would be good practice to implement PEEPS for all clients to be contained in an easy to reach location should an emergency occur.	Partially met	1

Main Outcome	Related Outcome Measures	Comments	Outcome	Outcome Score
4. People benefit from a transparent, consistent and equitable service through	4.2 Equal Opportunities procedures promote equal access to services and protect people from discrimination	This outcome was fully met.	Fully met	2
	4.3 Proactive Complaints and Compliments procedures ensure services are reactive and responsive to people's needs	There was evidence of a complaints policy and additionally a user friendly, version. It would be good practice to ensure all contact details including the relevant local authorities and alternative agency contacts are available in addition to those detailed. Aspects of the complaints policy were available on the notice board of the ISL. However, there was no reference made to complaints in the service user guide and staff handbooks were not in evidence. From discussions with service users it was evident that they were encouraged to raise issues and concerns. Although it appeared service users were listened to and concerns were dealt with quickly and effectively this was often not recorded. The complaints log did not show any comments or concerns including minor issues for the previous year. Therefore it was difficult to ascertain the type and frequency of complaints and what actions are taken. During discussions with the team manager it was explained how issues raised had been used to inform the service development and changes. i.e. staff changes. Although again this was not recorded. There were no records to evidence when a person or appropriate other had been informed of the outcome of any complaint made.	Not met	0
	4.4 Confidentiality and data protection procedures ensure that sensitive information is treated with respect	This outcome was fully met.	Fully met	2
			<b>Score</b>	<b>5</b>
	5.1 People are able to engage in meaningful activity and occupation	This outcome was fully met. Service users are involved in all aspects of daily living including grocery shopping and meal preparation. Independent living skills are continually appraised and built upon. Daily living tasks are incorporated within a weekly table of leisure and community based activities. Service users are heavily involved in creating a table of activities, including opportunities within the community, which if required staff will support them to access.	Fully met	2
	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 fully met. It was evident from talking to service users that they are encouraged to communicate any issues to the staff and management. Meetings are not regularly organised as the service users choose not to attend as they do not feel comfortable speaking in this type of environment. However the manager has generated a discreet Facebook page for those service users living in the house. It is hoped that as this is a more familiar format for the service users they will share any updates, discuss house issues and give feedback using the page. To date the service users have shown little interest, however the manager endeavours to explore alternative communication methods.	Fully met	2
	5.4 People experience Choice and Control in every part of their life	This outcome was fully met. It was evidenced that individuals were happy where they lived and who they lived with. Support plans were very person centred and all of the recordings in respect of daily routines and needs reflected this well.	Fully met	2
	5.5 Privacy is a valued part of everyday life	This outcome was fully met.	Fully met	2
	5.6 People experience a sense of belonging and being a valued part of the community	This outcome was fully met. Files held extensive information in respect of activities taking place in the community including those activities which had been offered to individuals just to try out. Activities included attending youth groups, swimming and camping.	Fully met	2
	5.7 People have timely and appropriate access to information	This outcome was partially met. Service users are given a guide which features health and safety, house rules and expectations. However it would be good practice if it included the complaints procedure, safeguarding procedures and advocacy arrangements.	Partially met	1
			<b>Score</b>	<b>13</b>
arm 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 fully met.	Fully met	2
	6.2 Excellent safeguarding procedures ensure people are protected from harm	This outcome was partially met. There was no evidence of service users being provided with safeguarding information. It would be good practice to have safeguarding as a standard agenda item for supervisions and staff meetings. It would be prudent to ensure all relevant contacts including those of outside agencies are readily available in staff handbooks and service guides. The manager was unaware of the Safeguarding National Competence Framework and staff had not had their competence assessed in line with this.	Partially met	1

Main Outcome	Related Outcome Measures	Comments	Outcome	Outcome Score
6. People are protected from avoidable harm	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 based on the needs of the current service users.	Not applicable	Not applicable
	6.4 Maintaining a safe environment ensures people are protected from potential hazards	This outcome was fully met. To the rear of the house there is large mature garden which is well maintained. There is a bbq area which is put to great use during the summer. There is a paved area and several areas to sit.	Fully met	2
	6.5 Appropriate and safe equipment ensures people receive safe and dignified care	This outcome was not applicable based on the needs of the current service users.	Not applicable	Not applicable
			<b>Score</b>	<b>5</b>
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	This outcome was fully met. Service users are supported and encouraged to follow a healthy diet. This was evidenced during conversations with service users. It was also positive to see the good practice of staff taking the approach of labelling food with days of the week to encourage service user not to eat all of their favourite food in one sitting.	Fully met	2
	7.2 Effective Health and Hygiene practices minimise the risk of cross infection	This outcome was fully met.	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. Although all the relevant policies and procedures were evidenced it was unclear how medication errors and omissions were recorded. It was of concern that staff were only trained on medication administration once and not every three years as good practice would dictate. Additionally it was of concern that annual refresher courses on medication administration and competency checks throughout the year did not take place. During discussions with management it was recommended that training within the area of medication administration was increased. Currently medication administration is recorded in one file which is taken from one service user to the next as they each take their medication within their rooms. It was suggested that separate MAR sheets could be used for the individual service users and kept within their rooms.	Partially met	1
			<b>Score</b>	<b>5</b>