

# Quality Outcomes Report 2015



Falmouth House  
October 2015



Name of Service:	Falmouth House
Date of Visit:	13th October 2015
Manager:	Anne Elkin
Person in Charge on day of visit:	Anne Elkin
Contracts Team Officers:	Karina Williamson & Wendy Gray

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;**

Falmouth House is a residential service in the Whitley Bay area for people with Mental Health needs. The service accommodates 9 male service users and currently has no vacancies. The property is over 4 floors and consists of a large newly decorated lounge, large dining room, a smoking room, kitchen, small rear yard, 2 toilets, 1 bathroom and a shower room which is currently out of commission. There is a staff toilet and laundry area in the basement, where there is also a office/sleep room. There was an area in the dining room for the service users to make themselves a hot drink. The service is close to the local amenities.

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. Pre assessments were in place and signed by the service users.	Fully met	2
	1.2 Effective care planning and review processes ensure people receive excellent, individualised care	Overall this outcome was met. There was no a clear process for staff in the application and review of the care plan to ensure consistency in practice. It was recommended that each individual need within the plan should be evaluated. The information within the review was sparse. It was recommended that each need and risk was explored within the review. We were unable to evidence any long term goals other than maintaining their current level of functioning even though some service users had expressed they wanted to achieve independent living. Entries in the daily recordings were sparse however there was pockets of information on the handover and in an activities file. During the course of the visit it was apparent that staff don't record all interventions with service users. It was recommended this information is collated and put into the daily recordings to ensure a more robust recording system.	Fully met	2
	1.3 Positive risk taking ensures people are encouraged to maintain independence	Overall this outcome was met. It was recommended that all risks are explored at reviews.	Fully met	2
			<b>Score</b>	<b>6</b>
3] 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.	Overall this outcome was met. The training plans and matrix were clear and informative. All training was carried out every three years however we would expect Moving and Handling, Safeguarding, and Infection Control refreshers to be carried out annually. There were some gaps in the specialist training appropriate to this service that all staff should complete (Mental Health, Challenging Behaviour and Aggression in the Workplace) The management need their competency assessed against The National Safeguarding Competence Framework.	Fully met	2

Main Outcome	Related Outcome Measures	Comments	Outcome	Outcome Score
2. People are supported	2.2 Staff are supported to undertake their duties	Overall this outcome was met. Staff meetings were held jointly with alban house staff. Staff spoken with during the visit expressed they were supported in their role by the management. Supervisions take place regularly however every supervision should have an opportunity for staff to discuss their personal agenda.	Fully met	2
	2.3 Positive Staff Morale ensures people receive dignified care from a stable and productive staff team	This outcome was fully met. Feedback from both the staff and service users during the course of the visit was very positive.	Fully met	2
			<b>Score</b>	<b>6</b>
3. Management systems 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 partially met. There was no evidence to suggest the care plans are audited. A process should be implemented to demonstrate there is a management review and audit of the service. The management appraisal and supervisions have lapsed and should be reinstated.	Partially met	1
	3.2 Effective Business Continuity procedures ensure the service can continue to care for people during crisis situations	Overall this outcome was met. It was recommended that the Business Continuity Plan is discussed with staff and tested periodically as the last discussion had been in 2013.	Fully met	2
	3.3 Effective recruitment procedures ensure the right staff are employed and people are protected from harm	This outcome was fully met. Consideration could be given to implementing a rolling programme for DBS checks.	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. Extra staff are added to the rota to cover any appointments or emergencies.	Fully met	2
	3.5 Robust financial procedures ensure people retain as much financial independence as possible and are protected from financial abuse	This outcome was fully met.	Fully met	2
			<b>Score</b>	<b>9</b>
4. Intransparent, consistent and equitable policies and procedures	4.1 Effective Health and Safety procedures ensure people are cared for in a safe environment	This outcome was partially met. It is recommended that the Health and Safety Policy is signed and dated by a senior member of staff. Regular maintenance checks were carried out however there was no record of what had been checked. It was recommended this document could be adapted to create a Health and Safety Audit. The Deputy Manager proceeded to work on this immediately during the visit. Fire Safety and Maintenance were regular topics within the staff meetings. It was advised that Health and Safety be a regular agenda item which would encompass both of these topics as well as other Health and Safety items.	Partially met	1
	4.2 Equal Opportunities procedures promote equal access to services and protect people from discrimination	This outcome was fully met.	Fully met	2

Main Outcome	Related Outcome Measures	Comments	Outcome	Outcome Score
4. People benefit from a trauma service through effective	4.3 Proactive Complaints and Compliments procedures ensure services are reactive and responsive to people's needs	This outcome was fully met. We spoke to a few service users during the course of our visit and they were knowledgeable on how to complain, although they were very complimentary about the staff and the service.	Fully met	2
	4.4 Confidentiality and data protection procedures ensure that sensitive information is treated with respect	Overall this outcome was met. Both the social networking and mobile phone policy did not make reference to safeguarding however the Manager rectified this during the course of the visit. (No Z2966523)	Fully met	2
			<b>Score</b>	<b>7</b>
5. People experience dignity and respect	5.1 People are able to engage in meaningful activity and occupation	Overall this outcome was met. Information regarding service users hobbies and interests was sparse and there was no evidence of this reflected within the support plan. There was an in house activity programme over five nights. Time spent one to one with service users should be recorded in the daily notes. There was a washing up rota in place however it was acknowledged some service users are difficult to engage in any activity or occupation.	Fully met	2
	5.2 People are encouraged and supported to maintain and develop relationships	This outcome was fully met.	Fully met	2
	5.3 People are proactively involved in services	This outcome was fully met. It was good to see two service users had interviewed the latest recruit, with evidence of this on file. There was a Service User Survey completed in June 2015, with positive results (averaging 2.92 out of 3). There was only one response to the Family/Relative survey, which indicated they were very happy with the service their relative receives.	Fully met	2
	5.4 People experience Choice and Control in every part of their life	This outcome was fully met. We spoke to several service users during the course of the visit who verified they have choice and control in all aspects of their lives.	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.	Fully met	2
	5.7 People have timely and appropriate access to information	This outcome was fully met.	Fully met	2
			<b>Score</b>	<b>14</b>
6. People are not at risk of 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 fully met.	Fully met	2
	6.2 Excellent safeguarding procedures ensure people are protected from harm	Overall this outcome was met. It was recommended that Safeguarding be a standard agenda item in both staff meetings and supervisions. Consideration to using a checking and vetted service for employing a person to carry out any work within the building was suggested during the visit. We also advised implementing a risk assessment for any work needed moving forward, to safeguard the vulnerable residents.	Fully met	2

Main Outcome	Related Outcome Measures	Comments	Outcome	Outcome Score
6. People are protected from avoidable environmental	6.3 Proactive falls prevention practices and procedures ensure that actions are taken to reduce the incidence and impact of falls	Overall this outcome was met. Currently all the North Tyneside funded service users have a falls risk assessment in place however all were considered low risk therefore no further action was needed. There was an Environmental Risk Assessment in place however we recommended access/egress, external areas and garden furniture were considered.	Fully met	2
	6.4 Maintaining a safe environment ensures people are protected from potential hazards	This outcome was partially met. There was insufficient evidence of the progress of some repairs. There was a weekly maintenance check which the Manager said incorporated furniture checks however the documentation didn't elaborate on what was checked. The Manager rectified this during the course of the visit.	Partially met	1
	6.5 Appropriate and safe equipment ensures people receive safe and dignified care	This outcome was currently not applicable for the current service users at the time of the visit.	Not applicable	Not applicable
			<b>Score</b>	<b>7</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	Overall this outcome was met. The monthly weights for one of the service users had lapsed over the last 3 months. This was highlighted to the Manager on the day. Food was a regular topic of discussion at the service user meetings. Service users we spoke to during the course of the visit were very complimentary about the choice of food at Falmouth House. The proprietor often funds a takeaway or restaurant meal for special occasions for all of the service users. Healthy options are encouraged by staff however often are declined.	Fully met	2
	7.2 Effective Health and Hygiene practices minimise the risk of cross infection	Overall this outcome was met. Each service user has their own coloured towels, a list of which is on the laundry wall. Cleaning schedules were in place and signed by staff however we recommended they are signed off by the management.	Fully met	2
	7.3 Robust medication procedures ensure people receive the right medication at the right time to protect their health	Overall this outcome was met. The medication policy incorporated a procedure for medication errors however did not guide staff to make a safeguarding alert. The Manager updated the policy to reflect this during the course of our visit.	Fully met	2
			<b>Score</b>	<b>6</b>

<b>Total Scored</b>	<b>55</b>
<b>Maximum Score</b>	<b>58</b>
<b>Percentage scored</b>	<b>95%</b>