

Quality Outcomes Report 2015



Flexible Support Options September 2015



Name of Service:	Flexible Support Options
Date of Visit:	2nd & 3rd September 2015
Manager:	Sharon Robe
Person in Charge on day of visit:	Sharon Robe
Contracts Team Officers:	Karina Williamson & Audrey Keville

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;

Flexible Support Options currently supports service users living in five ISL's in North Tyneside. Three bungalows currently share one sleep in. There is a considerable amount of work to be done around the documentation and implementing processes. There are many documents currently in place but not completed i.e. audits, action plans, and health appointments log; and some documentation needs to be implemented i.e. reviews, evaluations, staff meetings, Fire Risk Assessments and fire drills. Staff need to be assessed against The National Safeguarding Competency Framework. Equality Impact Assessments should be implemented. The manager should create a system or process whereby she has an overview of the staff medication competencies completed and those in need of completing. There are a few recommendations for updating current policies lacking necessary details. Staff in the North Tyneside services appeared generally happy however it was apparent that staff recruitment and retention is an issue. We did feel the current service users were generally well cared for and had fulfilling lives.

Main Outcome	Related Outcome Measures	Comments	Outcome	Outcome Score
	1.1 Effective assessment procedures ensure that placements are appropriate and well planned	This outcome was partially met. The evidence for pre assessments and consent was sporadic across the files. The process and documentation available needs to be consistent throughout all files.	Partially met	1

Main Outcome	Related Outcome Measures	Comments	Outcome	Outcome Score
1. People benefit from Personalised Care	1.2 Effective care planning and review processes ensure people receive excellent, individualised care	This outcome was not met. There was evidence in some of the files to demonstrate consent to the care planning process. There was no evidence of family involvement in the care planning and there were no reviews in place in any of the files. Currently there were no any future goals planned in any of the files however there was a blank document to facilitate this. Most of the support plans contained a good level of detail however they did not incorporate a monthly evaluation. Only a few files contained a full record of the person's life history. The support plans were reviewed each year however changes as they happen are not implemented within the support plan immediately. Files contained information which would have been better archived, (even school reports.) Outdated support plans sat alongside current plans without being clearly differentiated. Support plans didn't address long term aims to increase independence. Most clients had visited the doctors and dentist however other health appointments i.e. chiropodist, smear test, eye test were not evident. Guidance from the Commissioning Officers was given around the layout of the files, implementing the evaluation process and goal planning.	Not met	0
	1.3 Positive risk taking ensures people are encouraged to maintain independence	This outcome was partially met. There was a policy in place, with evidence of positive risk taking place and supporting risk assessments. However these were not regularly reviewed and discussed at reviews. There was also no evidence of client or family involvement. We were unable to evidence any examples of how positive risk taking had worked well and reduced dependency on staff.	Partially met	1
			Score	2
2. Staff 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.	Overall this outcome was met. The manager said she was unaware of The National Safeguarding Competencies Framework. This will need to be implemented moving forward.	Fully met	2
	2.2 Staff are supported to undertake their duties	This outcome was partially met. There was evidence of regular supervision. We were unable see any evidence of staff meetings during our visit to both the Head Quarters and the ISL's. Staff did feel they had the opportunity to discuss their training and reflect on their practice within their supervisions and general support from their colleagues and manager. Handover forms were only to sign over the cash totals. This process should incorporate staff signing to acknowledge they have received all information required i.e. any forthcoming appointment, any behaviour issues that occurred over the previous 24 hours, etc.	Partially met	1

Main Outcome	Related Outcome Measures	Comments	Outcome	Outcome Score
2. People are	2.3 Positive Staff Morale ensures people receive dignified care from a stable and productive staff team	This outcome was partially met. A recent staff survey had taken place and an action plan had been started. We were unable to evidence a previous staff survey. The manager stated new proposals are under discussion with the directors regarding rewarding good practice and loyalty to the service. The feedback from both the surveys and staff discussion as part of the visit presented a mixed view in regards to staff morale. There were no staff minutes to verify a clearer picture across the services in North Tyneside. The majority of clients were positive about the staff team during our visits to the services. Observations indicated service users were comfortable with their staff and interactions were positive.	Partially met	1
				Score
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 not met. There was no evidence that the care files were audited. There were many audits forms in place however only the mini medication audits, Health and Safety and Infection Control audits had been completed and these only in some of the files. There was currently no formal evidence that the Quality Assurance process included the involvement and views of people outside the service e.g. carers and family members and other professionals. The manager did give examples of where they involve families however this wasn't formally recorded. There was a process in place for reviewing policies and this had been completed. There was also no evidence Flexible Support Options monitor staff performance or complete a management review and an audit of the service and the practice.	Not met	0
	3.2 Effective Business Continuity procedures ensure the service can continue to care for people during crisis situations	This outcome was partially met. There was a Head Quarters Plan and individual Business Continuity Plans in place however there was no evidence to suggest that staff were aware of these or trained in their use. There was also no evidence of any of the plans being tested. Guidance was given how to do this by the Commissioning Officers.	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 partially met. It was apparent that recruitment was an issue resulting in the current staff working extra hours. FSO employ 9% above the contracted hours however they have had no response to the current posts advertised. The manager is hoping the current proposals under discussion (loyalty cards, bonus for picking up extra shift etc) once agreed will attract potential employees.	Partially met	1

Main Outcome	Related Outcome Measures	Comments	Outcome	Outcome Score
3. Main	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. The financial policy was robust and financial documents are available however audits had not been completed and months of financial transactions sheets were missing. This needs to be rectified immediately to protect the service users from the potential of financial abuse. There was no evidence of inventories during the visit. There was no clear guidance around additional contributions made to the cover for food/tea coffee/gas/elec etc for staff by the provider.	Partially met	1
			Score	5
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 partially met. There was no evidence to suggest that FSO consult regularly with all staff regarding Health and Safety. Health and Safety was on the agenda of the managers meetings. A new system has very recently been implemented for recording accidents and incidents more effectively. Evacuation procedures are recorded however there was no evidence to suggest they are rehearsed. There was also no evidence of fire drills in most of the ISL's. It was apparent that the Fire Risk Assessments on file were not all completed by a competent person as a question regarding night checks was misunderstood. A Fire Safety Workbook at one property was blank and a Health & Safety Audit identified shortcomings in staff training, which had not evidently been addressed.	Partially met	1
	4.2 Equal Opportunities procedures promote equal access to services and protect people from discrimination	This outcome was partially met. There were no Equality Impact Assessments in place. Guidance was given by the Commissioning Officer on how to implement these. There was no evidence around choice of gender within the support plans however it was part of the recruitment matching. It was recommended this was incorporated within the support plans.	Partially met	1
	4.3 Proactive Complaints and Compliments procedures ensure services are reactive and responsive to people's needs	This outcome was partially met. The complaints policy and easy read leaflet were clear, however contact information for North Tyneside Council was not incorporated within these documents. The manager was able to give examples of how complaints have informed change within the services however this is currently not formally recorded. It was also recommended that when FSO respond to any complaint they formally record this too.	Partially met	1
	4.4 Confidentiality and data protection procedures ensure that sensitive information is treated with respect	This outcome is partially met. The service is registered under the Data Protection Act. Their registration number is ZA060781 from 18/06/14 - 17/06/16. The mobile phone and social networking policy should direct staff to maintain confidentiality and safeguard the service users. The finance policy should include that clients financial status is confidential and should not be shared except on a need to know basis.	Partially met	1
			Score	4

Main Outcome	Related Outcome Measures	Comments	Outcome	Outcome Score
5. People experience dignity and respect	5.1 People are able to engage in meaningful activity and occupation	This outcome was fully met. The support plans were able to demonstrate the active lives the clients have. There was evidence of the clients participating in the running of their home, accessing local services, participating in chosen activities and learning. It was positive to see that staff hobbies were considered as part of the matching process within the recruitment and selection process.	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 partially met. In the service where there are two clients they do discuss various issues however this is not formally recorded. There were some clients surveys however these were not dated and there was no a resulting action plan.	Partially met	1
	5.4 People experience Choice and Control in every part of their life	Overall this outcome was met. Through discussion with clients it was apparent that the clients met each other on several occasions before they chose to live together. This was all done through the social workers. It would be good to see the provider continue this process by documenting the first few months to ensure they are happy living together.	Fully met	2
	5.5 Privacy is a valued part of everyday life	This outcome was partially met. There was evidence of some clients having their own key however for those who need some support, this wasn't clear within the support plan.	Partially met	1
	5.6 People experience a sense of belonging and being a valued part of the community	Overall this outcome was met. It was evident that the clients utilised some local amenities. The completion of a community mapping exercise would be beneficial for all of the clients.	Fully met	2
	5.7 People have timely and appropriate access to information	This outcome was fully met.	Fully met	2
			Score	12
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. Restriction and restraint was recorded in the form of a protocol for one of the clients files however this was not followed up by a monthly evaluation to monitor if the protocol was effective or even if it is still needed. Dol's had only just been considered for the clients in the ISL's and is a work in progress.	Partially met	1
	6.2 Excellent safeguarding procedures ensure people are protected from harm	This outcome was partially met. The process and referral forms to North Tyneside Safeguarding Team were in place however we were unable to evidence any contact details for North Tyneside in any of the services or Head Quarters, had staff or a client wanted to refer in the absence of a manager.	Partially met	1

Main Outcome	Related Outcome Measures	Comments	Outcome	Outcome Score
6. People are protected from avoidable harm and are	6.3 Proactive falls prevention practices and procedures ensure that actions are taken to reduce the incidence and impact of falls	This outcome was currently not applicable based on the needs of the service users currently supported.	Not applicable	Not applicable
	6.4 Maintaining a safe environment ensures people are protected from potential hazards	This outcome was partially met. Any repairs were reported and recorded as actioned within the communication book. Staff and clients were unaware of the landlords maintenance and renewal programme. (Most of the properties were council owned.)	Partially met	1
	6.5 Appropriate and safe equipment ensures people receive safe and dignified care	This outcome was partially met. There was no evidence to suggest that there is a process to consider assistive technology. There was a Health and Safety check on a monthly basis which incorporates checks on equipment however it was unclear how this feeds into a maintenance programme. There was no evidence to suggest that staff had been shown how to use specialist equipment in one of the services, however the manager gave assurances that all staff had been shown. It was recommended that this was formally recorded.	Partially met	1
			Score	4
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.	Fully met	2
	7.2 Effective Health and Hygiene practices minimise the risk of cross infection	Overall this outcome was met. All of the services were very clean however it is recommended that this is formally recorded including tasks that are more substantial or periodical. It was positive to note that the clients completed tasks wherever possible.	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. It was recommended that the medication policy be updated to include the need for any medication omission or errors be reported to safeguarding and that no medication is to be left for a client to take at a later time. Some staff medication competencies were in the back of clients files. It was difficult to ascertain if all staff had completed one. It was recommended that medication competencies were collated in a separate file with a tracking system to enable the manager to check they are all complete and when in need of refreshing.	Fully met	2
			Score	6

Total Scored	37
Maximum Score	58
Percentage scored	64%