Quality Outcomes Report 2015

North Tyneside Council

Gailey Lodge
October 2015

Name of Service:	Gailey Lodge
Date of Visit:	2nd and 3rd October 2015
Manager:	Dawn McCash
Person in Charge on day of visit:	Dawn McCash
Contracts Team Officers:	Chris Clapperton and Kimberley 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;

Gailey Lodge is a registered home for twenty two adults. Since the last Quality Monitoring visit the registered Manager has changed. Effective Assessment and Positive Risk were not met this year which is largely due to the change in management. The previous Manager had sole responsibility for this area therefore since their departure, staff were left without clear guidance or knowledge of the existing processes. This has been acknowledged by the new Manager who will implement new systems and share with the staff team. A greater emphasis on Safeguarding should be considered to increase the awareness within the service. Health and Safety and Quality Assurance both need to be formalised and implemented fully to assist in ensuring the safety of the service users and the quality of the service they receive. A detailed Health and Safety Plan should be completed by an appropriately trained person. Bespoke training should be utilised to increase an understanding of the service users conditions and inform support. The atmosphere in the home was good and the comments from the service users were positive. They all commented they enjoyed living there.

Main Outcome	Related Outcome Measures	Comments	Outcome	Outcome Score
ople benefit from Personalised Care	1.1 Effective assessment procedures ensure that placements are appropriate and well planned	This outcome was not met. There is no formal recording of the individual needs assessments prior to placement within files viewed. The Manager is currently compiling new service user files which will be implemented in the near future. Two of the care plans viewed were signed by both the service users and staff however this approach was not consistently applied across all documentation relating to the service users. The records viewed did not demonstrate whether service users had given informed consent for the placement. There was no evidence of best interest decisions being made.	Not met	0
	1.2 Effective care planning and review processes ensure people receive excellent, individualised care	This outcome was partially met. There were elements of the care plans which were being reviewed however the involvement of the service user was not always clear. There was some information around future planning however this had not been fully developed to include the service users goals and aspirations. There was some good information around the individuals preferences and habits however the life histories were not evidenced. Best practice would see these fully developed for each service user. The health of the individual and their routine appointments, including an annual health check should be an important part of the care plan. Whilst there was some information it would be worth broadening to contain all aspects of their health.	Partially met	1

Main Outcome	Related Outcome Measures	Comments	Outcome	Outcome Score
1. Pe	1.3 Positive risk taking ensures people are encouraged to maintain independence	This outcome was not met. There was no positive risk policy to view during our visit. There was information on some support plans about individuals engaging in positive risk however this needs to be developed to include discussions and outcomes. The risk assessments are in need of development and as such they are not part of any risk management plans. We were informed this was a clear intention of the Manager. Talking to the staff and service users there were good examples given of individuals accessing the community and attempting daily living tasks unassisted however this information needs to be formalised. As a result of this there were no examples where this had reduced dependency on staff.	Not met	0
			Score	**1**
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. Although there are templates and a process for undertaking the induction, new staff inductions had not been recorded, therefore it was difficult to ensure all aspects of the induction programme have been considered. It would be best practice to adapt the templates as soon as possible to utilise them effectively. All staff have an NVQ 2 and if not they are expected to complete this within the first year of employment. It is unclear how management are judging their capabilities as recorded inductions are not in place. Each of the staff have a file which is audited to indicate which training has been attended some of which was out of date. The new management plan to set up a training area containing a computer which would allow the staff to complete e:learning. There was evidence of training courses for epilepsy, mental capacity and deprivation of liberty. There are other training courses which could be sought relating directly to the conditions of the service user group. The annual training matrix requires updating. The manager stated none of the staff have had their competence checked against the National Safeguarding Competence Framework.	Not met	0
	2.2 Staff are supported to undertake their duties	This outcome was not met. The new Manager has been in post since April 2015. The staff supervisions have not been regular since that date. The Manager intends to begin the appraisals in November 2015. This will be highlighted on a rota to offer staff advanced notice. It would be best practice to have Health and Safety and safeguarding as standard agenda items for supervisions and staff meetings. The last team meeting was held on 23/04/15, the staff had not signed this document to indicate their attendance or acknowledge that minutes had been read and understood. The last service user meeting was held 20/05/15. There is additional time given to staff for e:learning and also to the senior staff for paperwork within rota's. There was evidence of handovers however it was difficult to ascertain who was arriving on shift and who was leaving as this was not recorded on the handover sheet. Consideration should be given to the introduction of this along with gaining staff signatures.	Not met	0

Main Outcome	Related Outcome Measures	Comments	Outcome	Outcome Score
	2.3 Positive Staff Morale ensures people receive dignified care from a stable and productive staff team	This outcome was not met. There was evidence of blank staff survey which was due are to go out on the 26/10/15 however there was no evidence of previous surveys or any resulting action plans. There is an additional monetary bonus paid to staff who cover shifts at short notice and the Manager was contemplating introducing a loyalty scheme however she was unsure what form this would take. This is not currently linked to a staff retention policy. In discussions with the staff it was reported that staff morale could be improved. The residents we spoke to all mentioned they were happy at Gailey Lodge. There was no recorded evidence regarding the morale within the home in either staff meeting minutes or residents meeting minutes.	Not met	0
			Score	**0**
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 not met. There are no internal case tracking systems within Gailey Lodge. The Manager plans to implement this in the coming weeks. There was no evidence of a comprehensive monthly audit in respect of accidents/incidents, CQC notifications which would enable trends to be identified and give areas of improvement. The current quality assurance system does not capture the views of people outside of the service. There is no current method of auditing the systems and documents to ensure the service is operating with the most up to date policies and procedures or for checking it's own performance. As a result, there is no performance information. There are no processes in place or evidence that a management review and audit of the service takes place.	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. The Business Continuity Plan itself contains good information. It could be expanded to include financial problems. Not all of the staff had signed up to the plan. It was dated April 2014. The review date on the plan was March 2014. The staff have not been trained in the use of the plan nor had it been tested.	Partially met	1
	3.3Effective recruitment procedures ensure the right staff are employed and people are protected from harm	This outcome was met overall. There were no examples of staff being accepted into post who did not have a clear DBS however the Manager advised she would use her own discretion should this occur. The example given would be to implement an extended probationary period. There needs to be a clear process to follow should this arise which should include discussion at interview and declaration on application forms. Any decision to employ should be clearly recorded with supporting risk assessment documentation available. (Risk Assessments should cover these key areas: 1. Nature of Offences , 2. Seriousness, 3. Relevance, 4. Criminal Offence, 5. Pattern of Offending Behaviour, 6. Change in Circumstance, 7. Personal Qualities of Applicant).	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. The working time directive was completed by some staff but not all however from rota's viewed, there was no evidence to suggest this was applicable. The service does not currently operate a key worker system however the Manager intends to introduce the system moving forward.	Partially met	1

Main Outcome	Related Outcome Measures	Comments	Outcome	Outcome Score
	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. There are service users who are waiting for capacity assessments who are likely to require Court of Protection involvement. Until the assessments are concluded, staff are continuing to support service users to visit the cash point to collect their money. There is an audit in place to record the amount withdrawn and all receipts are retained. The service does not currently hold inventories for the service users. The Manager informed us the staff would buy their own drinks with cash from the amenities fund when supporting service users in the community however this was not formally recorded.	Partially met	1
			Score	**5**
t 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. There was a Heath and Safety Policy evidenced however the previous owner was still named on the policy. The policy did not contain a method of communication for employees. Information regarding resources, planning and review will need to be added. There should be a named person and a clear chain of responsibility throughout the organisation. The policy requires regular auditing to capture work that needs to be undertaken and to maintain a safe environment. A Fire Risk Assessment was undertaken by a professional company in 2014. Staff have reviewed this and written actions however these do not include dates and time frames or a responsible person for each action. Best practice would see a suitably qualified person to review and update the document. There is evidence of PEEP documents which need to be reviewed. There was no distinction between instruction for night and day. It needs to be clear on the PEEP documents whether or not the individual can summon assistance. If not, there needs to be an appropriate risk assessment in place. The service was unable to evidence a fire log book to demonstrate that regular fire drills and evacuations are taking place.	Not met	0
	4.2 Equal Opportunities procedures promote equal access to services and protect people from discrimination	This outcome was met overall. Best practice would see Equality Impact Assessments used when implementing / reviewing policies.	Fully met	2
	4.3 Proactive Complaints and Compliments procedures ensure services are reactive and responsive to people's needs	This outcome was not met. The Complaints policy was not user friendly and made no reference to the contact details for North Tyneside Council or Care Quality Commission. There was no evidence the policy was promoted in team meetings. There was no information on how to complain within the service on notice boards or service user guides. There was anecdotal evidence from the manager, service users and staff about discussions where issues have been raised and dealt with however this has not been recorded. There was no complaints log being used on the day of the visit. There was no recorded evidence to demonstrate how a complaint had been used to proactively inform service development.	Not met	0

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4. People benefi	4.4 Confidentiality and data protection procedures ensure that sensitive information is treated with respect	This outcome was partially met. There was a policy observed however it was out of date. Confidentiality was covered in the staff handbook. The Data Protection registration number is Z2473925. There was a policy covering social networking which contained good information however it was out of date.	Partially met	1
			Score	**3**
5. People experience dignity and respect	5.1 People are able to engage in meaningful activity and occupation	This outcome was partially met. Some of the service users were involved in cleaning their rooms however this had not been recorded. There was no evidence of discussions and outcomes being recorded or being transferred to their care plans. We were informed that any activities which the service users expressed an interest in would be considered and staff would endeavour to make them possible. One to one time was observed during or visit however there was no information on the care plan to demonstrate whether this is something which has been discussed and agreed.	Partially met	1
	5.2 People are encouraged and supported to maintain and develop relationships	This outcome is met overall. There is limited space within the home for individuals to entertain family and friends however this is being rectified by converting the current smoking room into a dining room and erecting a smoking shelter outside in the back yard.	Fully met	2
	5.3 People are proactively involved in services	This outcome was not met. There was no evidence of service users or significant others outside the service playing a role in recruitment. Currently there are no meetings for the service users to communicate any issues they have. Some conversations were observed during our visit however these were not recorded. We were informed the client surveys are due to go out 26/10/2015.	Not met	0
	5.4 People experience Choice and Control in every part of their life	This outcome was partially met. Meal times are within flexible time blocks and meals will be kept for service users who are out. The service users have their own kitchen which has been remodelled to accommodate wheelchair use. The furniture in the sitting room has been rearranged to ensure ease of access for mobility aids.	Partially met	1
	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 partially met. The Manager informed us she has identified a member of staff to oversee the activities both within the service and in the community. There are service users who go out independently to clubs and into the community. The staff visit the community with service users if they request. There is also one to one time if they wish. There have been planned visits to The Hancock Museum and Christmas shopping days. The Manager explained with the group being diverse it can sometimes be difficult.	Partially met	1

Main Outcome	Related Outcome Measures	Comments	Outcome	Outcome Score
	5.7 People have timely and appropriate access to information	This outcome was not met. There is no handbook currently available for the service users although the Manager is looking to use the handbook from another home as a template when developing one bespoke to the service. The service was unable to evidence how information is made available to the service users. This could be achieved via newsletters which are being discussed by the Manager.	Not met	0
			Score	7
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. Whilst the service users have capacity, due to some of their conditions their capacity to make decisions will at times be questionable. There was no evidence in the care plans to describe the best way to support the service user when in this position. This would also need to apply when considering Deprivation of Liberty. Whilst the forms relating to mental capacity are available to the staff, the circumstances when which they should be used was unclear when talking to some staff. There was no evidence within the documentation of an advocate being considered or used.	Partially met	1
	6.2 Excellent safeguarding procedures ensure people are protected from harm	This outcome was met. The whistle blowing policy was available. It contained contacts for Care Quality Commission however there were no details for North Tyneside Council. The latest version of the Safeguarding Threshold Toolkit with the guidance was being used. The information provided by the service about Safeguarding could be improved. Three of the residents we spoke to, when asked, said they were not aware of Safeguarding. The service did not hold a Safeguarding logbook, however there was evidence of appropriate forms being completed. This needs to be formalised and all information to be kept in one place. There was no evidence of Safeguarding being raised in supervisions and staff meetings. This should be a standard agenda item for both. All relevant contacts need to be updated and included in handbooks and on notice boards. This needs to be available to all service users, staff and visitors. The Manager was aware of The National Safeguarding Competence Framework however this had not yet been implemented. The Safeguarding policy needs to be broadened to include the suitability of people entering the home and others the provider commissions to carry out work which would involve direct contact with service users.	Partially met	1
	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 met. There was no system in place to monitor service user who were at risk of falling or any recordings to evidence that such a system was unnecessary and service users were not at risk. There was one service user whose condition would make them more susceptible to falls and as such there would be an expectation that a risk assessment would have been considered with resulting actions being transferred into a care plan. There was no falls prevention environmental risk assessment in place for the premises.	Not met	0
	6.4 Maintaining a safe environment ensures people are protected from potential hazards	This outcome was partially met. There was a system which was recently introduced in the form of a book which was used by staff to report repairs to the handymen to action. There is no routine to inspect furniture and equipment however we were informed if anything was noted it would be reported to the handymen. This process would benefit from being formalised.	Partially met	1

Main Outcome	Related Outcome Measures	Comments	Outcome	Outcome Score
	6.5 Appropriate and safe equipment ensures people receive safe and dignified care	This outcome was partially met. Not all care files viewed clearly identified the need for specialist equipment, especially wheelchair services. There was no evidence of Assistive Technology being considered. This is an area the Manager will be looking at in the future. There was no current system in place to ensure that routine checks of all equipment were taking place.	Not met	0
			Score	**3**
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 met overall. The Manager was aware of when food and fluid charts would be required, although this was not a requirement currently at Gailey Lodge. The Manager who oversees other homes could demonstrate when this process should be followed. There was no evidence of a nutritional screening tool being used however, staff were aware of the needs of one resident who has had previous input from the Speech and Language Team. Guidelines given for this resident were followed at mealtimes. Additionally there was instructions regarding meal preparation available in the kitchen to assist staff.	Fully met	2
	7.2 Effective Health and Hygiene practices minimise the risk of cross infection	This outcome was partially met. There was no evidence to demonstrate that service users are supported by staff in understanding the need for good hygiene (signage or evidence that staff remind individuals of good hygiene practices). There was anecdotal evidence some of the service users are encouraged in this area. Previously cleaning regimes had not been recorded, audited or signed off. The Manager evidenced a new procedure that was being put in place but as yet had not been rolled out. However, it was evident that the overall cleanliness of the home had improved since the previous year and more dedicated cleaning staff had been employed.	Partially met	1
	7.3 Robust medication procedures ensure people receive the right medication at the right time to protect their health	This outcome was partially met. There is a medication policy in place however it had not been reviewed. There was no recording of the discussions that took place or the subsequent risk assessment relating to a service user who part self administers their medication. The procedure for wrongly administered medication needs to be more robust to ensure it gives staff clear direction. The service users MAR charts contained some information however there was no photograph or allergy information. The controlled medication was stored safely however there was other medication in the same locker. This was rectified at the time of the visit. Weekly stock checks had not been completed as per the homes policy. There were many loose tablets in the returns box which should be returned as a matter of priority. It would be good practice to ensure that competencies are completed for staff and recorded regularly to ensure safe handling of medicines, irrespective whether their medication training is current or otherwise.	Partially met	1
			Score	**4**

Total Scored	**23**
Maximum Score	**60**
Percentage scored	**38%**