North Tyneside Council

Briefing note

To:	Learning Disabilities Independent Supported Living Providers	**Author:**	Teresa Ho, Commissioning Analyst, People Based Commissioning Team

Date: 24 February 2016

Summary of the Learning Disabilities (LD) Independent Supported Living (ISL) Quality Monitoring Outcome Scores for 2015

1. Purpose:

This briefing note summarises the results of the LD ISL quality monitoring which was conducted in 2015 by the Commissioning Officers within the People Based Commissioning team. This round of visits covered the ISL Head Offices and individual ISL households, with the aim of measuring and comparing the quality of the service provided.

2. Background Information / Context:

The Commissioning Officers use a comprehensive Quality Monitoring Tool (QMT) during their visits to assess and score service providers. Each service provider is assessed against the following seven domains;

1   People benefit from personalised care
2   People are supported by excellent staff
3   Management systems ensure an excellent quality of service provision
4   People benefit from a transparent, consistent and equitable service through effective policies and procedures
5   People experience dignity and respect
6   People are protected from avoidable harm and are cared for in a safe environment
7   People experience improved health and well-being.

Each of the seven domains is assessed via a detailed assessment tool consisting of thirty outcome areas. In turn, each of the thirty outcome areas were supported via a detailed set of sub-outcome measures to ensure that a fair and consistent approach is adopted across all providers regardless of the assessor.

A Task and Finish group comprising of Commissioning Manager's, Commissioning Officer's, Providers, Service User's, families and Carer's was set up to revise and tailor the QMT for ISLs. A number of new sub-outcome measures were added to the tool which covered new priority areas and addressed specific needs of the client group.

Each of the thirty outcomes was scored using the following criteria in order to give a total score out of a maximum of sixty (thirty outcomes with a maximum associated score of two points);

Outcome scoring		Points awarded
Not met	Poor evidence of outcome being met	0
Partially met	Good evidence of outcome being met or majority of evidence is in place but not all	1
Fully met	All evidence is in place demonstrating the outcome is fully met	2

Previously, the full QMT was used to assess ISLs individually, which involved looking at policies and procedures, training matrixes and operational aspect delivered directly to Service User's within the ISL This approach was quite repetitive and resource intensive when one provider could operate a large number of ISLs. A change to how the tool would be used was agreed with the Task and Finish group which would reduce duplication and redirect resources to focus on priority areas. It was agreed with the Task and Finish group that the full revised QMT would be used to assess the Head Office of ISL providers. ISL's themselves would be assessed against the seven domains of the tool, but these reports would have a more qualitative focus, linking to the Head Office report, but focusing on interpreting the central policies and procedures to what the Service User experienced within the ISL. These could then be used as part of reviews with Service Users to discuss performance. To provide a comparison, the ISL reports were also scored against all seven domains in order to highlight any outliers. Each of the seven domains would be scored to give a total score out of a maximum of fourteen (seven domains with a maximum associated score of two points).

Each Head Office monitoring visit was conducted by two Commissioning Officers and ISL visits conducted by one or two Commissioning Officers. The Head Office visits incorporated time spent on reviewing policies and procedures, speaking to Managers and administrative staff. The ISL visits included spending time with Service Users and their family and Carer's when appropriate, to gain a better understanding of normal day-to-day life within the ISL. Comparisons between Head Office policies and procedures and how these translated into practice within the ISL were made.

The overall Quality Monitoring Score (QMS) is made up of two elements:-
  1) Head Office quality outcome score (50%)
 2) ISL quality outcome score (50%)

In total 22 Head Office's and 81 ISLs were visited. The ISLs visited were a mix of North Tyneside commissioned, direct payment and Individual Service Fund services. The visits comprised of some new ISLs, existing ISLs and ISLs which had previously declined a quality monitoring visit.

3. Findings – Quality Outcomes Score for Head Offices

a. Overall Quality Outcomes Score

The range of Head Office quality monitoring outcome scores achieved across the 22 providers ranged from 44% to 100%. The sector achieved an average 85% quality outcome score for Head Offices. As the QMT has been used in a different way, it is not possible to draw direct comparisons with previous scores achieved.
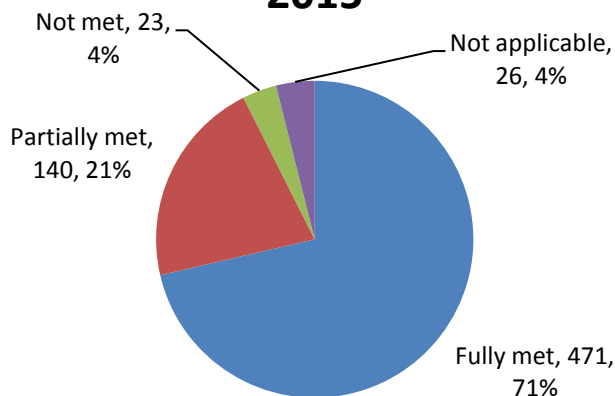
Chart 1: Ranked total quality outcome scores for Head Office providers, 2015
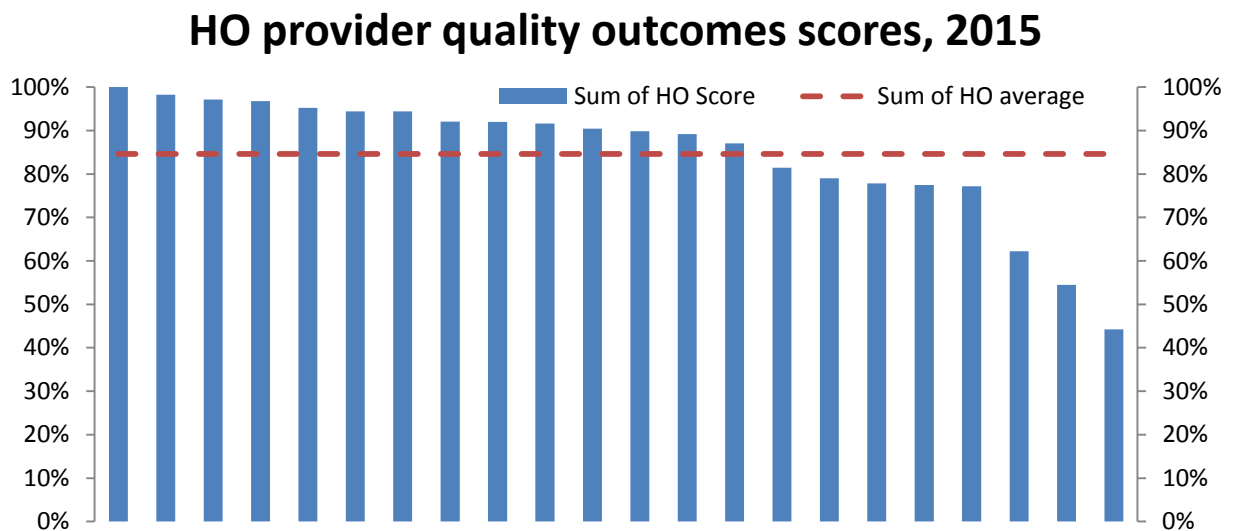
b. Scoring

Chart 2: Scores achieved across Head Office providers, 2015

Overall the lowest scoring outcome areas were:
- 2.2 Staff are supported to undertake their duties
- 3.1 Effective quality assurance procedures ensure the manager has a clear overview of service performance
- 3.2 Effective Business Continuity procedures ensure the service can continue to care for people during crisis situations

2.2 was low scoring as supervisions, staff meetings and handovers were being undertaken in practice, but logs of these being attend, minutes, etc could not always be evidenced. The new bespoke outcome measures within 3.1 were new areas relating to auditing and reviews, which were agreed for inclusion from the Task and Finish group. As a new area of measurement, the providers were not able to provide suitable evidence in its first year of introduction. 3.2 was low scoring as the testing and training of business continuity practices and procedures could not always be evidenced.

15 out of the 23 'Not met' achieved were scored by two of the twenty-two providers.

The outcome measures which were deemed 'Not applicable' were 6.3 Proactive falls prevention practices and procedures ensure that actions are taken to reduce the incidence and impact of falls and 6.5 Appropriate and safe equipment ensures people receive safe and dignified care. Where Clients did not need specialist equipment or a falls prevention practice in place, the scores from these two outcome areas were removed from the total maximum available score.

4.   Quality Outcomes Score for ISLs:

a) Overall Quality Outcomes Score
The range of ISL quality monitoring outcome scores achieved across the 81 ISLs ranged from 29% to 100%. The sector achieved an average 85% quality outcome score for ISL. As the QMT has been used in a different way, it is not possible to draw direct comparisons with previous scores achieved.

Chart 3: Ranked total quality outcome scores for all ISLs, 2015

Ranked total quality outcome scores for all ISLs
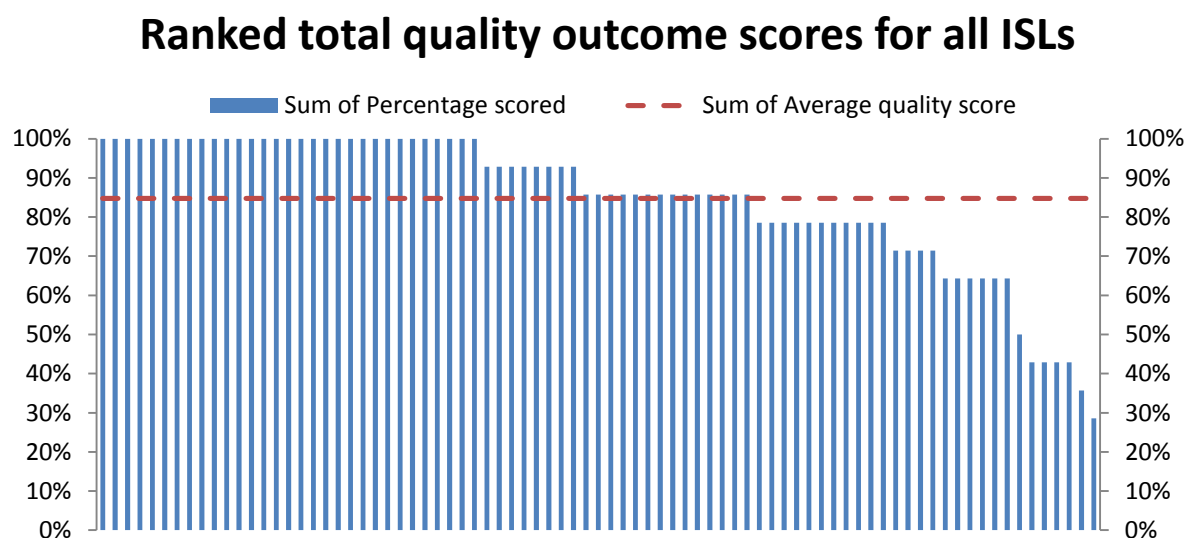
Thirty-one ISLs scored the maximum available score across the seven domains. Eight ISLs were assessed as 'Not met' for two or more domains across five providers.

The lowest scoring domains for ISL were 3 Management systems ensure an excellent quality of service provision and 4 People benefit through effective policies and procedure.

b) Scoring

Chart 4: Scores achieved across ISLs, 2015
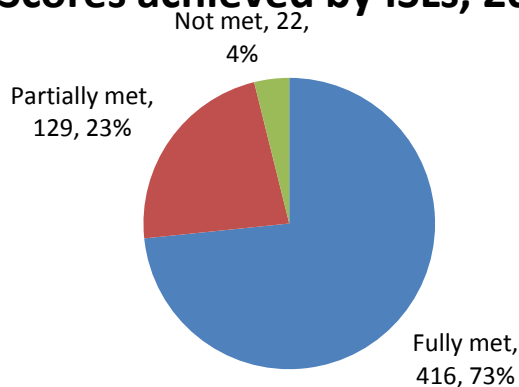
5)   Overall Quality Outcomes Score for Head Office and ISL

By combining both the Head Office and ISL scores achieved in ranked order, you can identify that a number of low scoring ISLs have issues both centrally at the Head Office and operationally at the ISL. It must be noted that one provider which had 14 ISLs scored, achieved the maximum available score, both at the Head Office and ISL.

Chart 5: Combined quality outcome scores for Head Office and ISL, 2015
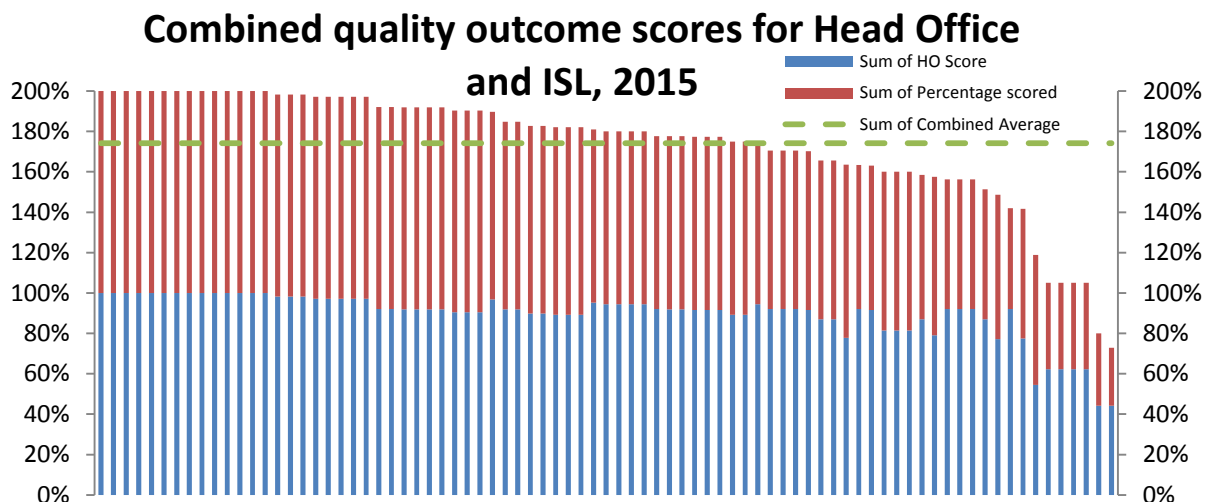
6) Performance reviews

Included in the quality monitoring guidance, was a requirement to develop action plans where outcomes were scored as 'Not met' or 'Partially met'. Extract from the guidance:-

> *Where there is a score of an outcome being either 'Not met' or 'Partially met', the Provider will be required to develop and implement an action plan to show how they will address the issues identified. This will also include the name of the responsible person for each action and the date for completion.*

Commissioning Officers linked to respective providers will be following up action plans and this includes monitoring implementation of the action plan. They will also be used as part of the desktop exercise for the next round of quality monitoring visits to ascertain if improvements have been made.

The information held on individual providers/services will be discussed in the meetings with Scott Woodhouse over the next few months.