

Quality Outcomes Report 2015



North Tyneside Council

Lifeways August 2015



Name of Service:	Lifeways
Date of Visit:	17th and 18th August 2015
Manager:	Gemma Ridley
Person in Charge on day of visit:	Gemma Ridley
Contracts Team Officers:	Wendy Gray and Karina Williamson

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;

Lifeways currently support people living in five ISLs within North Tyneside. There has been improvements since our last monitoring visit, especially in the areas of confidentiality and safeguarding in respect of social networking and mobile phones. Areas for future development include updating staff training records and staff assessment against the National Safeguarding Competence Framework. Health and Safety Audits should have a clearer action plan and dates of achievement. Development of the Business Continuity Plan, both at Head Office and in the ISLs should be considered. Consideration should also be given to carrying out Equality Impact Assessments when reviewing policies. Feedback from staff was very positive, and it was pleasing to hear that they feel valued and supported in their work. One staff team has been nominated for Lifeways national 'Making a Difference' award by their Service Manager, as a recognition of their hard work and dedication.

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.	Fully met	2
	1.2 Effective care planning and review processes ensure people receive excellent, individualised care	This outcome was met overall. It was recommended that individual support plans be expanded to include information about an individual's life history. This would better inform new members of staff. It would be good practice for support plans to have a read and sign document to ensure that all staff have read them.	Fully met	2
	1.3 Positive risk taking ensures people are encouraged to maintain independence	This outcome was met overall. As outlined in last year's report, there were good examples of staff encouraging service users to take positive risks, but there is not a specific positive risk taking policy. It was acknowledged that it is referenced in the Positive Behaviour Support Plans, but it is felt that the provider would benefit from a more detailed specific policy.	Fully met	2
			Score	6

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. The staff have a range of face to face and e-learning opportunities. We were provided with a training matrix during our visit to Head Office, however, the information on the matrix was out of date and showed many members of staff had not completed the mandatory training. In the staff files that we viewed, we did see certificates and evidence that mandatory training had been completed. The Manager acknowledged that this was an issue and that training records needed to be kept updated. The Manager was aware of the National Safeguarding Competency Framework, but staff had not completed the training. We were informed that the Manager has contacted the lead training officer at North Tyneside Council, who is going to complete bespoke training for all staff within a Lifeways team meeting.	Partially met	1
	2.2 Staff are supported to undertake their duties	This outcome was met overall. Staff supervisions are regular but only discuss issues around service users. Advice would be that they be expanded to include other issues e.g. health and safety, safeguarding. The Service Manager gave feedback that they would be included in the new meeting format to be rolled out imminently. Staff team meetings are regular. It is recommended that staff sign the minutes to confirm they have read and understood the content.	Fully met	2
	2.3 Positive Staff Morale ensures people receive dignified care from a stable and productive staff team	This outcome was partially met. There was no staff satisfaction survey available for last year, but moving forward, the Manager showed us the new format which is going to be sent out to staff in September 2015. The Manager had nominated one of the teams for Lifeways "Making a Difference" award, which brings a reward of £100. Other benefits include a cycle to work scheme, childcare vouchers and store discount cards.	Partially met	1
			Score	4
High quality of service provision	3.1 Effective quality assurance procedures ensure the manager has a clear overview of service performance	This outcome was met overall. The Health and Safety Audit had an action plan identified but there was no update recorded or a date when/if this had been achieved. It would be good practice to include feedback from carers, families and other professionals in the Quality Assurance process. Lifeways have a regular Quality Matters Newsletter which gives employees up to date information on associated topics e.g. CQC, training, Inclusive Recruitment, Care Act 2014, and links to online advice and guidance.	Fully met	2
	3.2 Effective Business Continuity procedures ensure the service can continue to care for people during crisis situations	This outcome was not met. As recommended in last year's report, the Business Continuity Plan should be expanded to include strategies should there be a loss of communication systems and in the case of financial problems. It would also be good practice to record that staff are aware of, and trained in the use of their response plan. The plan should also be reviewed annually and tested. There was no site specific Business Continuity Plans kept in some of the ISLs, and staff were not aware of what it was, and reported that they had not seen it.	Not met	0

Main Outcome	Related Outcome Measures	Comments	Outcome	Outcome Score
3. Management systems ensure an effective	3.3 Effective recruitment procedures ensure the right staff are employed and people are protected from harm	This outcome was fully met. There was a very clear and detailed policy giving advice for when a DBS is unclear.	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. The provider operates a keyworker system for ISLs when there is more than one tenant. Staff are recruited to work in a specific service, but can work into another service if their contracted hours exceed the amount needed in their primary service.	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 met overall. There were inventories held in the ISLs but these had not been updated since 2012. It is recommended that inventories are updated as and when new items are bought. There are clear, correct records of financial transactions, and records are checked and audited by the Service Manager on a monthly basis.	Fully met	2
			Score	8
1. 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 met overall. The Health and Safety Policy was signed by the Chief Executive in August 2013 and it is recorded that it was reviewed in February 2015. Health and Safety audits show action plans to be carried out, but no updates have been added to these, to show if/when actions are complete. There was evidence that there was health and safety audits being carried out at one ISL by support workers, which then were signed off by the team leader. However, these were only up to January 2014. Health and safety is not currently considered a standard agenda item for team meetings, which would be a positive step, moving forward.	Fully met	2
	4.2 Equal Opportunities procedures promote equal access to services and protect people from discrimination	This outcome is partially met. As in last year's report, it is recommended that Equality Impact Assessments are developed and considered when reviewing or writing new policies.	Partially met	1
	4.3 Proactive Complaints and Compliments procedures ensure services are reactive and responsive to people's needs	This outcome was fully met. It would be good practice to include information about contacting North Tyneside Council in the complaints policy, alongside existing details for CQC.	Fully met	2

Main Outcome	Related Outcome Measures	Comments	Outcome	Outcome Score
4. People benefit from	4.4 Confidentiality and data protection procedures ensure that sensitive information is treated with respect	This outcome was fully met. The Data Protection registration had expired on 29/07/2015 and the company were awaiting the new certificate to be sent out at the time of the Head Office visit (registration number Z5565997). This was forwarded to Commissioning Officers before the ISL visits were complete. It was good to see that policies had been expanded to include reference to safeguarding, and that the confidentiality policy now included a statement regarding financial statuses being confidential.	Fully met	2
			Score	7
5. People experience dignity and respect	5.1 People are able to engage in meaningful activity and occupation	This outcome was fully met.	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 met overall. Lifeways have an Inclusive Recruitment toolkit and also evidence was seen of how service users were involved e.g. sharing what they wanted from a prospective support worker. The service user surveys were from 2013/14, and were available in an easy read version outlining actions moving forward. It is recommended that service user surveys should be carried out to capture current feedback from residents.	Fully met	2
	5.4 People experience Choice and Control in every part of their life	This outcome was fully met.	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. In addition to the Complaints Procedure, there is a telephone number made available to service users if they are upset and wish to speak to someone.	Fully met	2
			Score	14
ent	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

Main Outcome	Related Outcome Measures	Comments	Outcome	Outcome Score
6. People are protected from avoidable harm and are cared for in a safe environment	6.2 Excellent safeguarding procedures ensure people are protected from harm	This outcome was partially met. It was good to see that the company has a new confidential whistleblowing hotline. Safeguarding has not been raised regularly in supervisions or team meetings over the last year. There is a new team meeting and supervision agenda procedure which is currently being implemented which will see safeguarding as a standard feature in all meetings. There was some evidence of safeguarding information within the ISLs. There was a Threshold Tool evident and staff did explain how they shared information with the service users around safeguarding. The Manager is aware of the Safeguarding National Competence Framework, although staff have not been assessed and there was no information held at the ISLs. Arrangements are currently being made for North Tyneside Council's lead officer for training to deliver some bespoke training at a team meeting for all staff to attend. Maintenance and repair men entering the ISLs are contracted by the housing association or the council, who will have their own vetting procedures. Any handymen (e.g. decorators) are sourced through the Checked and Vetted website.	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 fully met. It only applied to one gentleman who receives a service from Lifeways.	Fully met	2
	6.4 Maintaining a safe environment ensures people are protected from potential hazards	This outcome was partially met. The services did not have up to date log books outlining repairs needed and actions taken. However, there was evidence of repairs being recorded in the communication book. It was recommended that each ISL have a specific log book to report and record repairs and updated when actions have been taken.	Partially met	1
	6.5 Appropriate and safe equipment ensures people receive safe and dignified care	This outcome was not applicable to any people living at the services supported by Lifeways.	Not applicable	Not applicable
			Score	6
7. 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	This outcome was fully met.	Fully met	2

Main Outcome	Related Outcome Measures	Comments	Outcome	Outcome Score
7. People experience improved health	7.3 Robust medication procedures ensure people receive the right medication at the right time to protect their health	This outcome was met overall. In the medication policy, it states that only serious incidents should be reported to safeguarding. However, evidence has been shown that all medication errors are being reported, which is good practice. Medication Administration Records are either pre-printed by the pharmacy, which show all the relevant information or the services complete their own MAR charts for home remedies, prescribed toothpastes etc. It would be good practice for the service user's date of birth and any known allergies to be added to these forms, across the ISLs. The policy does touch upon the procedure for not leaving medication out for service users to have at a later date - however, this could be clearer. Staff we spoke to at the ISLs were verbally very clear in their understanding of the correct procedure to follow. The staff training matrix records for assessing medication competencies should be updated.	Fully met	2
			Score	6

Total Scored	51
Maximum Score	58
Percentage scored	88%