Quality Outcomes Report 2015

Rocklyn
August 2015

North Tyneside Council

Name of Service:	Rocklyn
Date of Visit:	29th August 2015
Manager:	Julie Henry
Person in Charge on day of visit:	Julie Henry
Contracts Team Officers:	Nina Dixon and Bev Gosling

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;

Rocklyn is a residential home for people with a learning disability and is situated in the Whitley Bay area of North Tyneside. The service had some vacancies at the time of our visit. People spoken with at the time of the visit were complimentary of the staff team. The provider had recently renewed the double glazing for the service. There were concerns during the visit around Fire Safety and the environment, which have been referred to within this report.

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 partially met. As a number of clients have lived within the service for a number of years, findings in relation to preassessment were in relation to one client who had been admitted to the service in February 2015. An individual needs assessment completed by the provider was not in place. It would be good practice to show that the person has indicated an understanding of the assessment and care planning process.	Partially met	1
	1.2 Effective care planning and review processes ensure people receive excellent, individualised care	This outcome was partially met. It would be good practice to show that people have been encouraged to contribute to the care planning and review process. Not all support plans viewed showed goals that people would like to achieve. Most of the client group have resided within the service for a number of years, it was acknowledged that this may have a factor in the limited life history information available within support plans. It was acknowledged that support plans contained useful information in terms of people's preferences and habits. One client had been admitted to the service in February 2015 and the support plan viewed was still being updated. Reviews of support plans were taking place and could be expanded to include who has been involved in the process. Support plans viewed varied in terms of long term aims being identified and appeared to be inconsistent. It was good to see that people were being supported to attend appointments for regular health screening and checks with their GP.	Partially met	1

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	1.3 Positive risk taking ensures people are encouraged to maintain independence	This outcome was partially met. The Organisation does not have a positive risk taking policy. Within risk assessment process' it would be good practice to demonstrate within the relevant documentation that the individual had been involved in the process. People were being supported to visit Newcastle shopping and go on day trips which were managed by risk assessment.	Partially met	1
			Score	3
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 training matrix showed that mandatory training for some staff had lapsed. It would be beneficial to include expiry dates within the matrix. Staff had not fully completed the National Safeguarding Competency Framework, although The Manager stated that she was using the document as part of staff supervision sessions.	Partially met	1
	2.2 Staff are supported to undertake their duties	This outcome was fully met.	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. The provider does not carry out an annual staff satisfaction survey. The collation of results would allow for feedback to be given to staff and benchmarking around quality.	Partially met	1
			Score	4
re 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. Case tracking had recently been introduced to the service, however the system could be expanded to show a clear list of actions where required. Accidents and incidents are reported initially but there is no monthly auditing system in place which would enable trends to be identified. This could be in addition to quality assurance systems, which should be able to identify areas for improvement. It would be good practice to include the views of people outside of the service within quality assurance systems. The organisation was developing their process' around reviewing and disseminating policies with staff at the time of the visit and had not been fully introduced to the service.Quality assurance procedures could be developed by having systems to check performance and be able to identify actions required as a result of poor performance. There were no processes to evidence that a management review and audit of the service and it's practice were taking place. There was no audit plan or schedule in place for the year ahead or longer term.	Partially met	1
	3.2 Effective Business Continuity procedures ensure the service can continue to care for people during crisis situations	This outcome was not met. As reflected within the previous two years' quality monitoring reports the service does not have a Business Continuity Plan. Within Head Office there are emergency telephone numbers and reference to alternative accommodation. However there was no tangible evidence that demonstrated staff working within the service had a clear plan available to them to follow in the event of an emergency. The plan should consider all crisis events that may impact negatively on the safety and well-being of people using the service e.g. pandemics, severe weather i.e. floods. The Impact of the risk factors/events should then be identified. Staff should be aware of and trained in the use of the plan. The response plan should be reviewed annually/key contact details updated as required.	Not met	0

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3. Management systems ensu	3.3Effective 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. The organisation follows a system across all services which matches staff teams and rotation of hours. This was seen as good practice in the event of staff shortage. It would be an area for improvement to consider carrying out a full needs analysis to determine the dependency level of people supported, this would feed into the staffing rota. This may be of particular relevance as some people within the service are transitioning to an older client group. It would be good practice to ensure that The working time directive is addressed with opt out forms held for each staff member, where applicable. This should ensure that people don't work back to back shifts.	Partially met	1
	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. It would be good practice to introduce robust auditing systems within financial procedures. A balance check of two peoples' financial transaction records were found to be correct. It would be a recommendation to expand policies and procedures around the contributions people make to the cost of meals, this will underpin the costs described within peoples support plans. Inventories were not present within support plans viewed. There was good evidence to suggest that people were supported in spending money within shops of their choosing.	Partially met	1
			Score	5
nd 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. The Health and Safety Policy had recently been reviewed, although the most recent version was not available within the service. During the visit it was explained that new arrangements for sharing updated policies with staff were being developed at Head Office. The Manager was reporting accidents and incidents appropriately, with remedial actions being identified on an individual report basis. It would be good practice to develop an auditing process, which would assess performance and enable trends to be identified. Clear arrangements for the consultation with staff had yet to be developed. An Immediate Notification was issued to the provider at the time of the visit as The Fire Risk Assessment was not completed by a trained person and it was not representative of the service building structure or bespoke to the service. During the visit to the service it was highlighted that a recent visit by The Fire Safety Office for Tyne and Wear Fire Brigade had highlighted concern with two doors at the top of the stairwell. The two doors (one corridor door and one bathroom door) open out onto each other, which may pose a risk to people using the doors and not being able to open them effectively. An interim risk assessment was in place to cover clients' use of the bathroom affected, however there was no firm evidence to show how the provider planned to address the concern. Fire drills were taking place but no clear link to the evacuation plan was evident within drill discussion records. PEEPs could be expanded to cover night time and any mobility needs applicable to the individual. PEEPs should be held in a central file, readily available in the event of an emergency. It would be good practice to include scenarios during night time hours within fire drills for staff.	Not met	0

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4. People benefit from a transparent, consistent a[...]	4.2 Equal Opportunities procedures promote equal access to services and protect people from discrimination	0	Partially met	1
	4.3 Proactive Complaints and Compliments procedures ensure services are reactive and responsive to people's needs	Overall this outcome was met. Although the organisation does have a complaints policy, it is provided to people on request (as mentioned within the service user guide). It was a recommendation that the complaints policy could be readily available and accessible within the service. The complaints log was viewed and there was no record of any complaints being made over the last year. It would be a reccomendation to keep a register of all concerns, issues or minor grumbles raised, to ensure that all concerns have been addressed appropriatley.	Fully met	2
	4.4 Confidentiality and data protection procedures ensure that sensitive information is treated with respect	Overall this outcome was met. The organisation has a confidentiality policy, which covers all aspects of client information. It would be good practice to include specific reference to individuals financial status being confidential and should not be shared except on a "need to know" basis. Also that Staff understand they must not borrow nor benefit either directly or indirectly from residents money.	Fully met	2
			Score	5
5. People experience dignity and respect	5.1 People are able to engage in meaningful activity and occupation	This outcome was partially met. Daily logs viewed at the time of the visit to the service demonstrated that people were being supported to fulfil their needs and wishes in this area. However it was felt that there could be a greater emphasis around the day to day running of the home, where goals could be set to maintain or improve independence. Although staff knew people and their routines well, activities were not always reflected within support plans.	Partially met	1
	5.2 People are encouraged and supported to maintain and develop relationships	This outcome was fully met. Evidence viewed showed that family members were involved within the service and were welcomed into the home.	Fully met	2
	5.3 People are proactively involved in services	This outcome was partially met. It would be good practice to incorporate the involvement of people supported within the recruitment procedures. Client meeting minutes were viewed, meetings were occurring on a regular basis and staff were working well to engage with clients. Client surveys are presently carried out on an individual basis. It could be beneficial to collate the survey results as part of quality assurance systems in order to develop services.	Partially met	1
	5.4 People experience Choice and Control in every part of their life	Overall this outcome was met. There could be some further development within people's support planning around daily living skills. As it was unclear in what ways people could be supported to maintain independence or control of aspects of their life.	Fully met	2
	5.5 Privacy is a valued part of everyday life	This outcome was partially met. It was acknowledged that people have been supported within the service for a number of years. However it was felt that the support for people in managing keys could be evident within support plans.	Partially met	1

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	5.6 People experience a sense of belonging and being a valued part of the community	Overall this outcome was met. There was some information available within the service with regard to local services. It may be beneficial to hold such information in a central place as part of a community mapping exercise.	Fully met	2
	5.7 People have timely and appropriate access to information	This outcome was partially met. Information available for people regarding advocacy could be included within service user guides. Client meetings are being held, however it was felt that more information could be made available to people within the service to cover any events or changes within the organisation.	Partially met	1
			Score	10
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	Overall this outcome was met. It would be good practice to include consideration around people's capacity when important or specific decisions need to be made.	Fully met	2
	6.2 Excellent safeguarding procedures ensure people are protected from harm	This outcome was partially met. The whistle blowing policy could be expanded to include a range of contacts, not restricted to the provider. It was a recommendation that safeguarding could be a standard item on the agenda of staff meetings and supervisions. Staff had not completed the National Safeguarding Competence Framework. The Safeguarding Policy could be expanded to include arrangements for people entering the home to carry out maintenance or repair work.	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. As reflected within the previous years' quality monitoring report a system should be in place to effectively monitor falls within the service. It would be beneficial to utilise a falls risk assessment tool to assist in identifying people at risk of falling. There was some evidence through discussion that one person had received input from an Occupational Therapist in the past. There was no falls prevention environmental risk assessment in place. On the day of the visit to the service one female client was observed to be walking up one stair case, while being advised that she should use another as those stairs would be quite steep. This was a practice example which demonstrated that people may need further support in this area.	Not met	0
	6.4 Maintaining a safe environment ensures people are protected from potential hazards	This outcome was partially met. Repairs and maintenance requests are submitted via an online system. The Manager is required to grade the work according to high, medium or low request. This system could be developed further by recording an intended date for works and to record when completed. The Manager completes checks of furniture and equipment, it would be good practice to formally record these checks. It would be good practice to have a 'schedule of works' in place to inform people of the intended renewal and maintenance programme for the internal environment within the service.	Partially met	1
	6.5 Appropriate and safe equipment ensures people receive safe and dignified care	Overall this outcome was met for the sub outcomes applicable to the service at the time of our visit.	Fully met	2
			Score	6

Main Outcome	Related Outcome Measures	Comments	Outcome	Outcome Score
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. It may be beneficial to have access to a recognised nutritional screening tool. This would support in recognising the changing needs of people as they grow older.	Fully met	2
	7.2 Effective Health and Hygiene practices minimise the risk of cross infection	This outcome was partially met. Infection control policies could be expanded to include reporting procedures to Environmental Health. Cleaning schedules in place could be expanded to include more substantial cleaning. It was explained to Commissioning Officers that prior to our visit, a CQC Inspector had highlighted some concerns with the kitchen environment. The kitchen did appear to be clean, however there were some concerns around plastic trunking used to cover electric wires. The wiring was situated in front of skirting boards. around the walls in kitchen area. The trunking did not cover wires over corners of the walls. Also, issues had been identified with the sink in the utility room, as the fixing was not suitably placed.	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. As reflected within last years' Quality Monitoring report; the medication policy could be expanded to include completion of safeguarding logs within error reporting guidelines. Medication administration records viewed showed that no photographs of clients were included within the documentation. Medication training and competencies for staff had lapsed.	Partially met	1
			Score	4

Total Scored	37
Maximum Score	60
Percentage scored	62%