

# Quality Outcomes Report 2015



North Tyneside Council

## UNITED RESPONSE August 2015



North Tyneside Council

Name of Service:	United Response
Date of Visit:	12th and 13th August 2015
Manager:	Rob Cawthron and Joanne Bean
Person in Charge on day of visit:	Rob Cawthron
Contracts Team Officers:	Wendy Gray and Nina Dixon

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;**

United Response is a service provider who provides support to service users living in 11 ISLs in North Tyneside. There has been good improvements in some of the services, and it would be useful to compare the ISL reports and roll out the areas of good practice highlighted within each ISL report across them all, especially as the paperwork in two of the ISLs was found to be not up to the higher standards of the other services. It was clear that service users were being supported to have a full and active life, and were happy with the support that they received. One area for improvement is keeping medication and safeguarding competencies up to date, with the information being held at Head Office matching the records in the individual ISLs. There was evidence that three members of staff from one of the services, six frontline staff in another ISL, and four members of staff from a third ISL had been subject to grievance or disciplinary procedures in the last year. The provider reported that servicewide spending on agency staff accounted for 8.8% of staff costs over the last 12 months, but no data was made available about how much agency staff was used in each specific ISLs.

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. It was explained by the Area Manager that as the service users have been living in their ISLs for a considerable amount of time, documentation was not available regarding a pre-assessment or service user consent. However, there was evidence that MCA1 and MCA2 forms had been carried out to ascertain that service users had capacity to consent to the placement, and a Best Interest Decision had been carried out when appropriate involving all relevant parties.	Fully met	2
	1.2 Effective care planning and review processes ensure people receive excellent, individualised care	This outcome was fully met. There were clear, detailed care plans which evidenced individual aims and objectives. It was evident that good information had been gathered regarding people's life history and what is important to them.	Fully met	2
	1.3 Positive risk taking ensures people are encouraged to maintain independence	This outcome was fully met. Positive Behaviour Support Policies are in place and are reviewed every three months. Advocates and families are encouraged to be involved. The two Service Managers we spoke to at Head Office were able to give good examples of where positive risk has been considered and actioned in a safe and measured way.	Fully met	2
			<b>Score</b>	<b>6</b>

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 met overall. Historically, staff have completed the Common Induction Standards, but new Care Certificate training is now being delivered, with both new and established staff being assessed. It was excellent to hear that United Response are investing in their staff - a Service Manager has just had funding agreed to complete a Masters Degree in Autism. Moving forward, advice was given that the Service Managers would be devising a specific training plan for each ISL to link in with the specific needs of the service users living there. The information on the training matrix held at Head Office was not consistent with the information held in the ISLs. It would be good practice for the information to be updated on the matrix and on the training records held in each specific ISL. There was a good procedure in place which flags up to the management team when a staff member has completed e-learning in a time considered out of the expected time range - i.e. the course took too long or not long enough to complete. This is then discussed in 1-1 supervisions, and learned knowledge is checked.	Fully met	2
	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. There was no staff survey for 2015. A staff survey was carried out in 2014, and national results were shared. Evidence of staff responses from the North Tyneside area were shown, but this only represented 10 members of staff across the whole region. There was no action plan for the local area, which would have been good to see, particularly as the response was mixed. There was evidence in team meetings that staff morale was an issue in some of the ISLs.	Partially met	1
			<b>Score</b>	<b>5</b>
Excellent quality of service provision	3.1 Effective quality assurance procedures ensure the manager has a clear overview of service performance	This outcome was fully met. There is a six monthly review of care files, and monthly quality assurance checks are completed with details of required actions needed. Quarterly checks are carried out in ISLs by a Service Manager from another service.	Fully met	2
	3.2 Effective Business Continuity procedures ensure the service can continue to care for people during crisis situations	This outcome was met overall. There was a clear disaster plan in place, both at Head Office and in the ISLs. It would be good practice for all plans to include procedures in the event of financial problems or loss of communication and internet. It was good to see that following last year's recommendation, a grab and go system has been put in place in the ISLs for easy access in times of crisis.	Fully met	2
	3.3 Effective recruitment procedures ensure the right staff are employed and people are protected from harm	This outcome was partially met. A clear recruitment policy was reviewed in March 2015. Evidence was seen of one prospective member of staff having an unclear DBS. Risk assessments were put in place and clear paperwork was evident to support the decision to employ. However, another staff file viewed showed that an established member of staff has just had their 3 yearly DBS refresher check. This showed an offence committed in the last three years, and therefore not on the original DBS. This was brought to the attention of the Area Manager who reported he would liaise with HR.	Partially met	1

Main Outcome	Related Outcome Measures	Comments	Outcome	Outcome Score
3. Management systems ensure an ex	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 offers shifts to team members to cover shortages, then looks to its own bank relief staff before considering agency. As part of the monitoring process, we sought feedback from families of the service users receiving a service from United Response. Two families reported that they were concerned about United Response's procedure should a service user become ill in the middle of the night, which happened to both of their loved ones on separate occasions. They felt that night time staff are undersupported. Concern was that the service users involved had no verbal communication and would not be able to converse with medical staff; also they would be very frightened, not liking change, and families felt that it would be better if a member of staff known to the individual escorts them to hospital. This is because the families feel staff know the person much better than the family member does and would be able to give a better picture of what the issues were and how they had been presenting day to day. The feedback also said that they hoped that no service user should have to go to hospital alone, particularly when they are vulnerable.	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. The standard of inventories varied across the services. It is recommended that up to date inventories be held for each service user and updating these should be an ongoing process.	Fully met	2
			<b>Score</b>	<b>9</b>
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 fully met. It was considered excellent practice for the provider's senior business partner to carry out a yearly audit of the Health and Safety arrangements in the services. There was good evidence that these yearly audits reviewed PEEPs and made recommendations moving forward. The provider has a forum called 'United Voice' which is a means through which United Response employees are consulted on Health and Safety matters, thus promoting employees and service users welfare.	Fully met	2
	4.2 Equal Opportunities procedures promote equal access to services and protect people from discrimination	This outcome was met overall. Evidence of service users having being given the choice of male or female carer should be more widespread throughout the services.	Fully met	2
	4.3 Proactive Complaints and Compliments procedures ensure services are reactive and responsive to people's needs	This outcome was fully met.	Fully met	2
	4.4 Confidentiality and data protection procedures ensure that sensitive information is treated with respect	This outcome was partially met. As recommended in last year's report, the use of mobile phone and photographic equipment policy should be expanded to include issues around confidentiality and safeguarding. It should also be recorded in the confidentiality policy that a person's financial status is confidential. United Response is currently registered under the Data Protection Act 1998 (registration no. Z5968529).	Partially met	1
			<b>Score</b>	<b>7</b>
	5.1 People are able to engage in meaningful activity and occupation	This outcome was fully met.	Fully met	2

Main Outcome	Related Outcome Measures	Comments	Outcome	Outcome Score
5. People experience dignity and respect	5.2 People are encouraged and supported to maintain and develop relationships	This outcome was fully met. There is a carers group where family and friends are invited to Head Office.	Fully met	2
	5.3 People are proactively involved in services	This outcome was met overall. As part of this year's monitoring process, feedback was sought from parents and families of people who receive a service from United Response. All of the eleven questionnaires returned reported that families were not involved in staff recruitment. There was verbal evidence that service users are clearly involved, either by sitting on the interview panel and taking part in the interview, or having the opportunity to meet prospective employees before recruitment. It would be good practice for this involvement to be formally documented and observations recorded.	Fully met	2
	5.4 People experience Choice and Control in every part of their life	This outcome was fully met. The introduction of 'one cup kettles' into the services has brought about a sense of independence and pride for people being able to do something safely for themselves, whereas this was too risky with a traditional kettle.	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. There was good evidence that people are supported to enjoy a wide range of activities, which are tailored to their needs and abilities. People are enabled to be supported in employment and there was evidence in the support plans of links with the local neighbours and community facilities. A poster titled '50 Things You Can Do Right Now' was displayed, giving ideas about activities and hobbies that are available for people to consider.	Fully met	2
	5.7 People have timely and appropriate access to information	This outcome was met overall. Both service users and families have brochures and the Individual Charter is available in an easy read format. United Response have an 'Easy News' newsletter which shares good information and also discusses national issues e.g. Syria, voting in the elections. It would be good to have this brought down to a local level.	Fully met	2
			<b>Score</b>	<b>14</b>
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 fully met. A Deprivation of Liberty had been considered for a gentleman who receives a service and this decision is reviewed on a yearly basis.	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 met overall. It was good to see that safeguarding is discussed in team meetings as a standard agenda item. Service Managers were aware of the Safeguarding National Competence Framework, but this has not been routinely completed by all staff. The landlords of the ISL properties have the responsibility of checking the credentials of any workmen entering the property, as they are the company who are contracting with them to complete the work. It is recommended that this arrangement is made reference to in United Response's safeguarding policy, to protect the vulnerable adults living in the ISLs.	Fully met	2
	6.3 Proactive falls prevention practices and procedures ensure that actions are taken to reduce the incidence and impact of falls	This outcome was met overall. There was evidence that when service users are at higher risk of falls, the expertise of specialists e.g. Occupational Therapists, Community Matrons, Consultant Neurologists is sought to carry out assessments. The Hazard Inspection document covers a checklist for assessing trip and falls hazards within the home. However, it is recommended that an environmental risk assessment is implemented to confirm that the outdoor surroundings are safe for the service users to be in. This includes consideration of lighting, garden furniture being fit for purpose, flagstones, patio areas, thresholds and access to the building, garden paths etc.	Fully met	2
	6.4 Maintaining a safe environment ensures people are protected from potential hazards	This outcome was fully met.	Fully met	2
	6.5 Appropriate and safe equipment ensures people receive safe and dignified care	This outcome was not applicable to the services that we monitored.	Not applicable	Not applicable
			<b>Score</b>	<b>8</b>
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	This outcome was fully met.	Fully met	2
	7.3 Robust medication procedures ensure people receive the right medication at the right time to protect their health	This outcome was partially met. The risk assessment for wrongly administered medication should make reference to logging the error as a low level safeguarding incident. It would be good practice to record service user's allergies on the medication administration forms, or if there is none known at the time of recording. Speaking to staff during the visits, it was clear they were aware of appropriate action as regards to not leaving medication out for service users to take at a later date. However, this advice should be referenced in the medication policy. Staff were not consistently assessed yearly in medication competency compliance.	Partially met	1
			<b>Score</b>	<b>5</b>

<b>Total Scored</b>	<b>54</b>
<b>Maximum Score</b>	<b>58</b>
<b>Percentage scored</b>	<b>93%</b>