

# Quality Outcomes Report 2015



North Tyneside Council

## VOYAGE (DCA) NOVEMBER 2015



North Tyneside Council

Name of Service:	Voyage (DCA)
Date of Visit:	11th November 2015
Manager:	Claire Jackson
Person in Charge on day of visit:	Claire Jackson
Contracts Team Officers:	Nina Dixon and Karina Willaimson

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;**

Voyage DCA provide independent living support for one client in the area of North Tyneside. The Head Office is located in Sunderland within a large supported living scheme. During the visit the person supported was present at the scheme. Commissioning Officers were able to take the opportunity to meet with the person and a staff member during the visit. A New Manager had been recently introduced to the service, it was evident that some recommendations made in the previous report had not been implemented by the previous Manager. However it was felt good practice to hear that The New Manager intended to implement an action plan following the publication of this report, in order to meet recommendations. It was also reassuring to learn that The New Manager was keen to work with the person supported to facilitate a visit from Commissioning Officers to their home, as previously this has not been possible.

Main Outcome	Related Outcome Measures	Comments	Outcome	Outcome Score
benefit from Personalised Care	1.1 Effective assessment procedures ensure that placements are appropriate and well planned	This outcome was fully met. The service is providing support for one person to live independently. The service was commissioned as part of a tendering process a number of years ago.	Fully met	2
	1.2 Effective care planning and review processes ensure people receive excellent, individualised care	This outcome was not met. The service users' support plan review document contained a signature from a relative. However, the content of discussion or the conclusion of the review was not recorded. A recognised person centred planning tool was not being utilised by the service. This would assist in showing the goals that people would like to achieve and their progress. The support plan viewed did not contain any life history information, although the person supported's likes and dislikes, preferences and habits were recorded. Dates of reviews were recorded however there was no information available to show who had been involved in the review or to show how the reviewed care plan would be adopted in practice. It was not evident that a focus of long term aims around independence was being given within the care planning process. During the visit to the service users' home, there was evidence to confirm that health screening and annual health checks, with GP were being attended.	Not met	0

Main Outcome	Related Outcome Measures	Comments	Outcome	Outcome Score
1. People	1.3 Positive risk taking ensures people are encouraged to maintain independence	This outcome was partially met. There was no policy in place around positive risk taking, which had also been reflected within last years' report. There were some examples of positive risk assessments being considered for example around the person being supported to go swimming. However there was no link to a care plan around this activity, nor had the risks been fully explored. A relative had signed the risk assessment but it was unclear if the person had been involved in discussions or what their understanding of the process was. As commented on within the Care Planning outcome the focus of independence was not evidently being promoted, should this be captured moving forward this may assist in identifying tasks the person could carry out independently.	Partially met	1
			<b>Score</b>	<b>3</b>
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. Staff training records viewed for two staff who work into the supported living scheme, showed that mandatory training had lapsed over the last year. It was not recorded within records to show that staff were offered opportunities to achieve diplomas, there were records to suggest that not all staff met criteria's for funding by the company. It was verified that one of the staff had achieved their diploma prior to employment and that the other staff member had been registered, although there were some ongoing difficulties having assessors assigned. The New Manager was working to address this. It was good to see that bespoke training had been attended, such as non violent crisis intervention, downs syndrome awareness, diabetes and cerebral palsy. The Manager was new to the scheme and was not aware of the National Safeguarding Competence Framework. A copy was sent to The Manager following the visit.	Partially met	1
	2.2 Staff are supported to undertake their duties	This outcome was not met. This was an area of concern, which was discussed with the new Manager during the feedback. Staff files viewed showed that the format of supervisions and appraisals were a standard format, which had not been adapted to the individual staff members. Therefore assurances could not be made that staff were receiving adequate support to have time to reflect on their practice or performance as an individual. Staff meetings had lapsed over the last year. There was a communication book in use within the person's home, it would be good practice for staff to sign to confirm information has been given and received.	Not met	0
	2.3 Positive Staff Morale ensures people receive dignified care from a stable and productive staff team	This outcome was partially met. The organisation does not carry out staff satisfaction surveys. There is no loyalty or reward system in place that would reward good practice and loyalty of staff. Feedback from staff spoken with during the visit showed that they felt they enjoyed their role.	Partially met	1
			<b>Score</b>	<b>2</b>
	3.1 Effective quality assurance procedures ensure the manager has a clear overview of service performance	This outcome was partially met. There was no system in place for case tracking and monitoring of files, this should be in place to enable actions to be identified where required. Accidents and incidents were being reported, a review of the incident is undertaken on an individual basis. There was evidence of quality assurance audits taking place to the service, however there was no report or resulting actions being identified following this, poor performance would also be highlighted as part of this process. The organisation did not have a mechanism to feed in the views of people outside of the service, such as family members and other professionals. There were no processes in place to evidence that there is a management review and audit of the service and the practice. There should be evidence that there is an audit plan or schedule in place for the year ahead or longer term.	Partially met	1

Main Outcome	Related Outcome Measures	Comments	Outcome	Outcome Score
3. Management systems ensure an excellent quality of service provision	3.2 Effective Business Continuity procedures ensure the service can continue to care for people during crisis situations	This outcome was not met. For the previous 2 years, monitoring reports have highlighted requirements in this area. There is a 'Disaster/Emergency Plan' in place, although the plan needs to be expanded. The impact of loss of key staff, loss of I.T facilities, communication loss, loss of key supplier and financial problems, needs to be considered. Staff should be aware of and trained in use of the plan. A review of the plan should be undertaken on an annual basis also with testing of the plan.	Not met	0
	3.3 Effective recruitment procedures ensure the right staff are employed and people are protected from harm	Overall this outcome was met. It was not clear from the records viewed that references for staff had been verified. It was explained that these checks would be carried out by the organisations' Human Resources department. However it would be advisable that the manager has this information available locally.	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. Staff rotas viewed showed that the required support was being delivered for the person supported.	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 partially met. There was a support plan for finances viewed within the person's support plan file. This document was dated 2013, recordings were made which stated that the person did not realise the value of money. However there was no reference to the persons' capacity. There had been some expenditure of the persons finances, for example in December 2014 records suggested that a large sum of money had been spent on decoration of the persons' home. There was no record to confirm that the person's capacity had been considered. It was discovered that the organisation were the appointee for the client, advice was made by Commissioning Officers to contact The Local Authority, in regard to apointeeship being passed to North Tyneside Council. It would be good practice to have a clear procedure for staff to follow for the managing of peoples' monies for outdoor / community activities where appropriate. This should include clear procedures around meals/drinks/activities when individuals are paying for their support staff and if any meals are shared in the home. Also it was a recommendation that a robust procedure if any additional contributions are made to the cover for food/tea coffee/gas/elec etc should be in place within the service.	Partially met	1
			<b>Score</b>	<b>6</b>
4. Consistent and equitable service through standardised procedures	4.1 Effective Health and Safety procedures ensure people are cared for in a safe environment	This outcome as partially met. The Health and Safely Policy viewed stipulated that meetings held by the Health and Safety group within the organisation should be shared with employees. Although there was no evidence to suggest this was being carried out. There were records of fire drills being carried out within the service, however the drills should also consider night time. A PEEP was in place within the person's home but it was felt that it could be expanded to cover night time needs. There was no evidence to show that the person supported's ability to summon assistance in an emergency was being considered.	Partially met	1
	4.2 Equal Opportunities procedures promote equal access to services and protect people from discrimination	This outcome was partially met. The recruitment policy viewed could be expanded to consider that an effort should be made to include interview members appropriate to gender of candidates. There was no evidence to show that Equality Impact Assessments had been carried out when implementing and reviewing policies.	Partially met	1

Main Outcome	Related Outcome Measures	Comments	Outcome	Outcome Score
4. People benefit from a transparent, consistent and effective policies and procedures	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. The organisation's registration under the Data Protection Act 1998 could not be verified during the visit. No details were supplied to Commissioning Officers following the visit to confirm this. The policy around the use of social networking needs to be expanded to cover confidentiality and safeguarding issues. There was some reference within the confidentiality policy to reflect the responsibility of staff to maintain people's confidentiality in all aspects of their life. However specific mention could be made to individuals financial status is confidential and should not be shared except on a "need to know" basis and that staff understand they must not borrow nor benefit either directly or indirectly from residents money.	Partially met	1
			<b>Score</b>	<b>5</b>
5. People experience dignity and respect	5.1 People are able to engage in meaningful activity and occupation	Overall this outcome was met. It was clear from the person supported's monthly recording books that activities are being offered, although there was no clear link to any programme of activities for the person or if this would be appropriate. It was good to see within daily records that the person had been supported to identify areas of interest and follow this through.	Fully met	2
	5.2 People are encouraged and supported to maintain and develop relationships	This outcome was fully met. Records viewed showed that the person's relationship with a relative was being supported and also that of a friend.	Fully met	2
	5.3 People are proactively involved in services	This outcome was not met. There was no evidence to confirm that individuals or significant others were being supported to be involved in the recruitment process. There was no reference to this within the recruitment policy. The organisation does not carry out client surveys, which would be good practice in being able to seek peoples' views, this would also link to the quality assurance system. It was reassuring to see during the visit to the person supported's home, that tenant meetings were being held on a regular basis.	Not met	0
	5.4 People experience Choice and Control in every part of their life	This outcome was fully met. The person supported's care plan was written to reflect their needs and choices around their daily routines. Daily recordings also suggested that the persons' choices were being respected.	Fully met	2
	5.5 Privacy is a valued part of everyday life	This outcome was not met. It was not evident within the records viewed that the person's needs and abilities around managing a key to their home were being considered. The arrangements for key holding were not recorded, hence assurances that the person would be involved in this could not be made.	Not met	0
	5.6 People experience a sense of belonging and being a valued part of the community	Overall this outcome was met. A good practice recommendation would be that a community mapping exercise could be carried out, which would provide information on local services and amenities.	Fully met	2
	5.7 People have timely and appropriate access to information	This outcome was fully met. Tenants' meeting minutes viewed at the service and confirmation from the person supported showed that they had access to information of relevance to them.	Fully met	2
			<b>Score</b>	<b>10</b>

Main Outcome	Related Outcome Measures	Comments	Outcome	Outcome Score
vulnerable people are protected from significant 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 not met. This would be an area for development as a priority. Records viewed did not indicate if the person had capacity to agree to the placement. There was no evidence to show that staff had access to forms as required to assist with decisions around mental capacity. There was some evidence to show that the person's relative had some involvement, however it was not known if this role was as an advocate, or if this should be considered. The person supported requires a support package over a 24 hour period. It was not clear from the documentation viewed that 24 hour supervision from staff was appropriate or if there were any periods where the person could be alone.	Not met	0
	6.2 Excellent safeguarding procedures ensure people are protected from harm	This outcome was partially met. The safeguarding policy viewed did not make reference or was linked to North Tyneside Council's procedures. It was good to see that the organisation has a dedicated confidential contact telephone number available should staff need to discuss any concerns. Daily records viewed showed that not all incidents are recorded. Staff supervision records and meeting minutes viewed suggested that the topic of safeguarding was being discussed, however the content of discussion was very basic and made reference to another local authorities policies. The New Manager was not aware of The Safeguarding National Competence Framework, a copy of the relevant documentation was sent to The Manager following the visit. It was a recommendation that policies and procedures around safeguarding could be developed to cover the suitability of people entering the home and others who the provider commissions to carry out work (such as maintenance) that would involve direct contact with users of the service.	Partially met	1

Main Outcome	Related Outcome Measures	Comments	Outcome	Outcome Score
6. People are protected from avoidable falls	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. This would be an area for development by the service. The person supported had identified needs around their mobility, which meant that a mobility aid and specialised footwear were required. It was felt that the associated risk of falls could be identified within a falls risk tool. Following this there could be an individualised support plan to clearly identify precipitants to look out for. Although the mobility aid was clearly referenced within the person's support plan, it was not clear if the person had been referred or had any involvement from professionals regarding this need. Areas of environmental risks were being covered within health and safety checks, completed by Team Leaders within the service.	Not met	0
	6.4 Maintaining a safe environment ensures people are protected from potential hazards	This outcome was fully met. Health and safety checks were being carried out, which would identify any furniture or equipment in need of repair.	Fully met	2
	6.5 Appropriate and safe equipment ensures people receive safe and dignified care	This outcome was not applicable at the time of the visit. There were no requirements for use of any specialist equipment within the service.	Not applicable	Not applicable
			<b>Score</b>	<b>3</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 partially met. It was not clear within the support plan viewed that the person's choices and preferences around food shopping and meal options were being met. There could be further work completed in this area to encourage a balanced diet. There was reference to input from SALT and there being an assessment carried out, although there was no further information available to suggest any recommendations or advice. There were recordings in the support plan to direct staff to cut up food for the person supported but it was not clear where this advice had been obtained from. Food intake was being monitored within the service but it was not evident that weight monitoring was taking place, as directed in the persons' support plan. It would be a recommendation that support plans around the person's needs at meal times be expanded to include what tasks the person could undertake independently at meal times. A nutritional screening tool may be beneficial for staff to have access to, in order to identify where further professional support may be required.	Partially met	1
	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 Medication policy viewed could be expanded to include the arrangements for ordering medication, this should be described within the 'local procedure' according to the policy viewed. The Medication Policy needs to reference the immediate action staff are to take in the event of a medication error or omission. This should also link with completion of safeguarding log. Within the 'local version' of the medication procedures there was guidance available around returning medication, however there was no guidance around the shelf life of creams, or how long they should be in use for once opened.	Partially met	1
			<b>Score</b>	<b>4</b>

<b>Total Scored</b>	<b>33</b>
<b>Maximum Score</b>	<b>58</b>
<b>Percentage scored</b>	<b>57%</b>