



Contract and Service Review Report:

Provider Hampshire Deaf Association

Review Date: 25th and 28th March 2008

Review Officers: Alison Flood and Keily Proctor

This report was presented to Provider: 24th April 2008

4 Week Action Plan Review: 22nd May 2008

6 Month Action Plan Review: 23rd September 2008

Providers are reminded that under the terms of the steady state contract they must achieve and maintain a minimum of level C as assessed against the Quality Assessment Framework. Failure to meet minimum standards will be addressed consistent with the terms and conditions of the contract.

Section One

1. Introduction

1.1 Hampshire Deaf Association

Hampshire Deaf Association is a registered charity that maintains a range of services that meet the needs of the deaf community. They provide information and opportunities to break down the barriers faced by people with hearing loss so they can realise their full potential.

Hampshire Deaf Association's Isle of Wight Supporting People's service is a floating support service that concentrates and supports people with a significant hearing loss across the Island.

1.2 The Service Users

All of the service users were given the opportunity to provide feedback on the service either through talking to a Review Officer or by completing a questionnaire provided. All of those who responded were happy with their support and felt that they were treated fairly and listened to be their support workers and service. **Please see Appendix 1 for a complete report of these responses.**

1.2.1 Comments made by the service users included:

"Allowed me to access things otherwise couldn't. Help me to get out debt."

"Helped me to move house & put my benefits in place, helped me with all the forms to fill in and phone calls and assisted in communication."

"I am disabled and I could not have got through without the girls."

"I am very grateful for the help I've been receiving its been a great help, specially I'm a mum to an 8 month old baby so I'm able to cope and not so worried. Many thanks!"

"As far as I know there isn't anything that I fell needs to be changed. The running of HDA as a team is effective and professional. When one support worker is required to work by themselves, they are showing more than capable signs of meeting my individual needs."

1.3 The Staff

The staff members at Hampshire Deaf comprises of Jacqui Russell who is the Service Manager, two Senior Support Workers and two community support workers. The staff members were all very positive about the service and felt respected and listened to by their employer.

Every staff member was given the opportunity to provide feedback on the service.
Please see Appendix 2 for a complete report of these responses.

1.3.1 Comments made by the staff included:

” H.D.A is a great employer and I am well supported. Supporting People is essential.”

“I have been fully supported as a deaf person throughout hearing loss by H.D.A.”

1.4 Stakeholder Feedback:

The supporting people team received feedback from 2 stakeholders and below are some of the comments that the team received.

1.4.1 Comments included:

‘The relationship is very positive we have regular Inter Agency contact regarding referrals or through any problems which may arise’

‘They are very flexible and are willing to help out during crisis periods when requested to do so’.

‘I would like Hampshire Deaf Association and the Council to look into further training of staff on such issues of Deaf Awareness and Dyslexia. HDA run very good accredited courses and corporate rates to be obtained’.

1.5.1 Policies

Two sets of policies were provided to the Review Officers, the updated policies had not been dated and there was no review date shown.

1.5.2 Urgent Action:

To date and add review dates to all policies.

1.5.2 Action has been completed, 23/05/08

1.5.3 Urgent Action

To ensure that each staff member has signed and dated when they have read and understood all the policies.

1.5.3 Action has been completed, 23/05/08

1.6 Confidentiality

Hampshire Deaf Association has a confidentiality and data protection policy that states that they adopt a strict confidentiality procedure. It is a requirement of the staff to sign a declaration indicating that they are aware that the information they have access to during their employment is confidential, with an agreement not to disclose information to unauthorised individuals. Hampshire Deaf Association is also registered under the terms of the Data Protection Act 1998.

1.6.1 Urgent Action:

To revise the policy to make reference to the Caldicott Guidelines and those exceptions outlined in s.11.4 of the Contract to particularly include principles 1 to 3 (Please see Appendix 5).

1.6.1 Action has been completed, 23/05/08

1.6.2 Urgent Action:

To ensure that all staff members have signed a confidentiality declaration and this information is held on their staff files.

1.6.2 Action has been completed, 04/07/08

1.6.3 Training Records

When the Review Officers examined the staff files they were not being kept and updated sufficiently.

1.6.4 Urgent Action:

To ensure that evidence of all future training is kept on staff member's files.

1.6.4 Action has been completed,02/10/08

Section 2

C1.1 Needs and Risk Assessment

2.0 Needs Assessment

There is a comprehensive need's assessment in place that is appropriate to the client group and it is used consistently. A referral process is also in place with an easy to follow flowchart, which is provided in the service user pack. The service user files did not show that their needs had been reviewed annually.

2.0.1 Urgent Action:

The service users need to have an up to date assessment carried out, which will then need to be reviewed annually, all historic service user records should also be made available on files. Please ensure that a review date is stated on the assessment.

2.0.1 Action has been completed, 04/07/08

2.1 Needs Assessment Methodology

A comprehensive Needs Assessment methodology is utilised, which provides specific guidance to incorporate the service user's views. The procedures give clear guidance that the outcomes of assessments and reviews are explained to all service users and both successful and unsuccessful applicants; however there is no evidence of signposting to other agencies.

2.1.1 Urgent Action:

To develop a checklist for each staff member showing when policies have been read and understood or to provide completed copies of the induction checklist.

2.1.1 Action has been completed, 23/05/08

2.1.2 Urgent Action:

To add a statement to the procedure regarding comments and disagreements about the assessment and the right to complain as stated in Stage 3 of the service user complaints procedure.

2.1.2 Action has been completed, 23/05/08

2.1.3 Urgent Action:

Add a comments box at the end of the assessment and a written statement outlining that the service user has been offered a copy of the assessment and support plan, with tick box area.

2.1.3 Action has been completed, 23/05/08

2.2 Staff Awareness

Staff interviews state the procedures for Assessment and Review have been included in staff induction and training in the past, but no written evidence was provided regarding any staff members completing an induction programme or what elements were included in an induction programme.

Staff undertaking assessments and reviews are experienced in working with perspective service users. Assessments and reviews were carried out by more than one member of staff to broaden the skills and knowledge base.

2.2.1 Urgent Action:

Staff are provided with refresher training on the Assessment and Review Process and future employees have this as an element of their induction.

2.2.1 Action has been completed, 23/05/08

2.3 Risk Assessment

A risk assessment is carried out on all service users on commencement of support, which takes into account issues including health, daily living skills, social circumstances, harm to self and others etc. However, consideration needs to be given to the particular range of risks attached to working in other people's homes and there is no reference to lone working, risks relating to family pets, other family members living in the home or regular visitors to the home. Also, the risk assessment does not have an accompanying process in place to guide staff when completing this assessment.

2.3.1 Urgent Action:

To devise a process for the risk assessment which includes reference to the use of Risk Assessments as a tool for highlighting potential issues of abuse with guidance explaining how these issues can be minimised. Evidence of this process being cascaded to the staff members will be required.

2.3.1 Action has been completed, 23/05/08

2.3.2 Urgent Action:

To broaden the risk assessment to include lone working, risks relating to family pets, other family members living in the home and regular visitors to the home.

2.3.2 Action has been completed, 23/05/08

2.3.3 Urgent Action:

The service users need to have an up to date risk assessment carried out, which will then need to be reviewed annually, all historic service user records should also be made available on files. Please ensure that a review date is stated on the assessment.

2.3.3 Action has been completed, 23/05/08

C1.2 Support Planning

3.0 Support Planning

Hampshire Deaf Association are currently using the draft support plan template that was provided by the Isle of Wight Supporting People team. This is accompanied by service user evidence sheets, which are used to record activities undertaken in visits and Personal Development Plans are also used to record outcomes for each service user.

The actual files were lacking information about support that had been carried out, making it difficult to establish clear links between the assessment and the support plan and the allocation of hours of support. It was discussed that this had to be rectified.

3.0.1 Urgent Action:

Support workers will fill out detailed evidence sheets after each visit, which will then be copied for service user files and used in weekly team meetings to update the team on individual service user progress.

3.0.1 Action has been completed, 23/05/08

3.1 Service User Pack

In the service user pack there is a brief summary of the support plan and guidelines. The support plan information makes reference to the frequency with which reviews of individual needs should be undertaken, there is a specific consideration given to the service user's right to request and initiate a review at any time of their choosing, during the support process.

3.2 Interagency Liaison

Jax outlined meetings that were attended by Hampshire Deaf Association including The Provider Forum, meetings with xxxxxx (Physical Disability Team) & other team members on a regular basis, xxxxx (Fire Brigade) to discuss that fire safety checks are to be carried out on client's homes.

3.3 Service User Awareness

After speaking to service users, it was apparent that 100% of them had a support plan in place and copies of their files were kept in their homes.

3.4 Staff Awareness

When spoken to not all staff members could recall being trained on how Hampshire Deaf conducts a support plan. This should have been an element in the induction process

3.4.2 Urgent Action:

To ensure that all staff members are fully aware of the support plan process and written evidence of this will be required.

3.4.2 Action has been completed, 23/05/08

Staff had their own individual contacts for different agencies mainly on their mobile phones, however written evidence of this could not be provided by all staff members.

C1.3 Health & Safety

4Health & Safety

There is a Health & Safety policy statement in place which stated that the policy will be reviewed at regular intervals to reflect changes; however a further set of policies were provided which were not dated.

The people responsible for Health & Safety matters are defined in Section 1 of the policy. The following areas are not currently covered in the policy: COSHH, RIDDOR (understanding and reporting) and Disabled Workers. Please see Appendix 4 for an example document relating to disabled workers the remaining documents have already been sent to Jax.

4.0.1 Urgent Action:

To revise the Health and Safety policy to incorporate the above areas and to provide evidence that this information has been cascaded to staff. These areas also need to be included in the induction programme.

4.0.1 Action has been completed, 23/05/08

4.1 Staff Awareness

After speaking with staff members, not all staff members stated that they had received training on Health & Safety issues and they could not all outline the main features of the Health and Safety Policy.

A staff hand book is available which includes guidance regarding support worker illness, Jax stated that she was going to re-issue the staff handbooks to all staff members to ensure that they all have the most up to date version.

4.1.1 Urgent Action

To date current Health and Safety policy and clearly state the next review date.

4.1.1 Action has been completed, 23/05/08

4.1.2 Urgent Action:

To ensure that staff receives a session on the key principles of the Health & Safety Procedures and how this impacts on their work. Written evidence will be required. Ensure new employees have this as an element of their induction.

4.1.2 Action has been completed, 23/05/08

4.1.3 Urgent Action:

To re-issue the staff handbooks to all staff members.

4.1.3 Action has been completed, 23/05/08

4.2 Reporting Health & Safety Concerns

Hampshire Deaf have a Health & Safety Incident Log which would effectively record individual concerns raised by staff or service users and record the action taken as a consequence. However, it is not clear that feedback is provided to the concerned person.

4.2.1 Urgent Action:

To develop a feedback form to inform staff or service users the outcomes of their reporting Health and Safety concerns.

4.2.1 Action has been completed, 23/05/08

4.3 First Aid

Hampshire Deaf Association has a member of staff trained as a First Aider. When visiting the RNID premises xxxx was their qualified First Aider and this information was suitably displayed, a current signed H & S declaration was also on display and two first aid boxes were available and maintained. An accident book was also made available.

4.4 Fire Alarm System

A Fire Alarm System and evacuation system was in place at the RNID premises and the Review Officers were informed that the fire alarm is serviced by Lifeline. Signs were on display outlining the fire procedure and stating where the location of fire assembly point is and written evidence of testing the alarms weekly was provided. It was also stated that PAT testing is carried out by CHUBB.

4.5 Identity Cards

All staff wear identity cards when visiting the service users.

4.6 Lone Working Policy and Procedures

Hampshire Deaf Association recognises that some individuals will be expected to work alone and the policy sets out the procedures that are in place to minimise the risks to people working alone. Protocols are in place that exists to monitor staff between visits. The policy makes reference to specific risk assessment and how discussions will be held with the line manager to consider appropriate responses to highlighted risks. There is no review date on the Policy.

4.6.1 Urgent Action:

To ensure that the next review date is stated on the policy

4.6.1 Action has been completed, 23/05/08

4.6.2 Urgent Action

To ensure there is a front signing sheet to record that all members of staff have read & understood the policy including new members of staff as part of the induction.

4.6.2 Action has been completed, 23/05/08

4.7 Risk Assessment of Premises

It was apparent that clients had not received home/environmental risk assessment; however Jax stated that she is currently liaising with the Fire and Police Department to meet this need. Information collated from service user surveys (see Appendix 1) stated that:

25% of service users stated they always didn't always feel safe in their home.

12% of service users stated that they had not been given advice on how to stay safe in their home.

4.7.1 Urgent Action:

To ensure that service users have had home risk assessments which consider fire, security and electric appliances etc. and that they take part in this process. They also need to be provided with advice on how to stay safe in their home. Written evidence is required and if necessary environmental risks need to be added to the current risk assessment.

4.7.1 Action has been completed, 23/05/08

Jax mainly works from home and also has use of a small office situated in the RNID premises in Newport. A completed copy of the risk assessment that had been conducted on Jax's home was provided and the Review Officers visited the RNID offices and conducted a Health and Safety inspection. RNID possessed risk assessment of the premises that had been conducted on 16th May 2006. Any actions that were outstanding on this assessment had been carried out and checked by the Review Officers.

4.8 Service User Awareness:

The service user pack provides a brief summary regarding Health and Safety and includes emergency out of hour's numbers which are considered to be well publicised.

C1.4 Adult Abuse

5 Adult Abuse

An Adult Protection Policy has been devised which seeks to provide detailed guidance for when dealing with situations of actual, suspected abuse or neglect however Jax informed the Review Officers that this had been superseded by the Isle of Wight Multi-Agency Safeguarding Adults Practise Guidance 2007. xxxx should have attended the Safeguarding Adults training on 9th April, however she missed the training.

5.0.1 Urgent Action:

To independently arrange Safeguarding Adults training and provide written evidence of this being arranged.

5.0.1 Action has been completed, 30/09/08

5.0.2 Urgent Action:

To evidence that the knowledge and information obtained from the training is cascaded to all staff members and that they have all read and understood the policy.

5.0.2 Action has been completed, 23/05/08

5.1 Whistle blowing

There is an independent whistle blowing policy in place that is designed to enable employees of the Association to raise concerns internally and at a high level and to disclose information. The procedure that is set out regarding making a disclosure is clear; however there is not the option of reporting any concerns to an independent body for those staff who do not feel comfortable dealing directly with management. There is a front signing sheet to record that all members of staff have read & understood the policy, however evidence of this being carried out was not provided.

5.1.0 Urgent Action:

To revise the policy to include the option of reporting any concerns to an independent body and to complete the signing sheet to evidence that staff have all read and understood the revised policy.

5.1.0 Action has been completed, 23/05/08

5.2 Recruitment and Selection

A recruitment process is in place which describes the process from advertising the post to employing a new member of staff. The policy states that police checks are undertaken in addition to references when recruiting new staff members, these are carried out three yearly & includes POVA checks. However, when examining the staff files evidence of two references for each staff member could not be provided.

5.2.1 Urgent Action:

Character references will be required for every staff member that did not have two staff references on their files.

5.2.1 Action has been completed, 23/05/08

5.3 Induction

A general HDA induction template was provided, however the localised induction template is still outstanding.

5.3.1 Urgent Action

To provide a localised induction template which includes the following:

- H & S Assessment and Review,
- Risk Assessment,
- Lone Working,
- Dealing with Aggressive Behaviour,
- Adult Abuse,
- Whistle blowing,
- Eligibility Criteria for service
- What constitutes Housing Related Support?
- Support Planning, including reporting activities undertaken.
- Confidentiality protocols.
- EO, ADP & Harassment Policies
- Service User Rights
- Complaints Procedures and how to deal with complaints.
- Boundaries

This will need to be kept on future staff members file.

5.3.1 Action has been completed, 23/05/08

5.4 Recording Information.

Hampshire Deaf Association does not currently have a log to record complaints or concerns about abuse made by either the service user or a member of staff.

5.4.1 Urgent Action:

To devise and maintain a Safeguarding Adults log that includes a section for recording detail of what resultant actions are taken and the timeframe within which they were taken to investigate the complaint. It also needs to include a section for detailing of the outcome for each investigation and a section for recording actions taken in response to the findings made. Evidence of the log being explained to staff will be required. (Please see Appendix 7)

5.4.1 Action has been completed, 23/05/08

5.5 Service User Awareness

Service users are provided with a document called “Commitment to Adult Protection from Hampshire Deaf association as Supporting People Team”, which is part of the service user pack. This provides an explanation of what constitutes abuse and outlines the reporting procedures.

5.5.1 Urgent Action:

To revise this document ensuring that it is inline with the Isle of Wight Multi-Agency Safeguarding Adults Practise Guidance 2007 and date the policy to show that it has been reviewed. Evidence needs to be provided that the revised document has been cascaded to service users.

5.5.1 Action has been completed, 23/05/08

5.6 Boundaries

Hampshire Deaf Association has both a Fraud Policy and a Professional Boundaries Policy that describes the appropriate relationships that should exist between service users's and staff, although the team received these, there is no date on either policies. The boundaries policy did not include robust safeguards against handling people's finances.

5.6.1. Urgent Action

To revise the Boundaries policy to include safeguards against handling people's finances, please see example provided (Appendix 3). A date and a review date needs to be added to these policies. Written evidence of this being communicated to staff will also be required.

5.6.1 Action has been completed, 23/05/08

5.7 Code of Conduct

A code of conduct for staff is outlined in the Community Support Services policy, signed acceptance of this from all staff is still outstanding.

5.7.1 Urgent Action:

To provide written acceptance of the code of conduct from all staff members.

5.7.1 Action has been completed, 23/05/08

5.8 Staff Awareness

The staff survey results showed that all of the staff knew the different kinds of abuse that can occur and that they knew who to report any allegations of abuse to.

5.9 Victim Support

Hampshire Deaf Association liaise closely with other agencies/providers to offer alternative services to victims including the Island's Women Refuge and Kennedy Scott which is a free counselling service. They are also becoming a member of PAVA (Practitioner Alliance against Abuse of Vulnerable Adults), however there is currently no documentation to support this.

C1.5 Diversity

6 Diversity

Hampshire Deaf Association is familiar with the latest legislation and best practice, including their obligations under Disability Discrimination Act, and the main office in Newport is DDA compliant.

6.1 Eligibility Criteria and Application Policy

An eligibility criteria was provided, however the Review Officers could not establish when this was last updated. Hampshire Deaf Association has a flowchart that describes the process used for all enquiries and applications, explaining how these are processed and how the service users are assessed, although there was no explanation of how service users would be prioritised. The assessment element of the procedure seeks to ensure that the service user's needs are compared objectively with the service's eligibility criteria.

It was stated that referral agents should be given the Eligibility criteria on a regular basis, but this could not be evidenced.

6.1.0 Urgent Action

A prioritisation process needs to be added to the application process.

6.1.0 Action has been completed, 23/05/08

6.1.1 Urgent Action

The flowchart needs a version date and a current Supporting People logo would be beneficial.

6.1.1 Action has been completed, 23/05/08

6.2 Equal Opportunities, Anti-Discriminatory and Harassment Policies

There is a written Equal Opportunities policy which covers discrimination on grounds of gender, age, religion, disability, nationality and sexuality. The policy applies to staff, clients, job applicants, management, volunteers, and committee members. The policy covers Anti - Discriminatory Practices outlining the different forms of discrimination and harassment. The policy did not refer to complying with any relevant legislation. The Review Officers were unable to verify whether the policy has been reviewed since 2003.

A separate Harassment & Bullying Policy was also provided that made reference to the Employment Act 1998, this policy did not have a recorded review date.

6.2.1 Urgent Action

The legislation below needs to be incorporated into the Equal Opportunities policy:

Race Relations Act 1976

DDA 1995

Human Rights Act 1998

Sex Discrimination Act 1975

Employment Equality (Age) Regulations 2006

6.2.2 Urgent Action

To ensure that the above policies are reviewed and stated on the policies.

6.2.2 Action has been completed, 23/05/08

6.3 Recruitment and Selection Policy

The recruitment policy aims to eliminate discrimination in the process. An Equal Opportunities Policy form is also filled out by the applicant. There is no evidence that reference is made to the Employment Equality (Age) Regulations 2006 as already advised in 5.2.1. The Review Officers were again, unable to verify whether the policy had been reviewed since 2003.

6.3.1 Urgent Action

To ensure that the above policy is reviewed and the review date is stated on the policy

6.3.1 Action has been completed, 23/05/08

6.4 Cultural and Religious Resources

Although services users are not provided with details of religious or cultural resources, Jax stated that a Chaplain attends Easthill home on a monthly basis which the Community Support service users could be invited to attend in the future.

6.4.1 Urgent Action

To produce a booklet with details of cultural & religious resources which are available locally including the service that is held at Easthill. (Please see Appendix 8)

6.4.1 Action has been completed, 23/05/08

6.5 Diversity Plan

There is an Action Plan that seeks to ensure that there is an equality of opportunity applied across the service operated and applies both to services users and staff. The Action Plan 07/08 makes reference to the Asian Project, Children's & Young Person's Services and Easthill Residential Home.

6.6 Staff Awareness

The staff team within Hampshire Deaf reflect the diversity and cultural profile of the client group as two members of staff are practically deaf. All staff have received different levels of British Sign Language.

After speaking to staff members it was apparent that they had not all had Diversity training and not all staff members were aware about how clients accessed the service.

6.6.1. Urgent Action

Staff need to re-look at any policies relating to diversity issues and sign and date once they have understood them.

6.6.1 Action has been completed, 23/05/08

6.6.2 Urgent Action:

To ensure that all staff members have been trained on how to access the service. Written evidence will be required.

6.6.2 Action has been completed, 23/05/08

6.7 Communication

Hampshire Deaf Association believes that other communication methods should be used where it is appropriate and that the method used should be the preferred wish of the Deaf/Deafened or Hard Hearing person. The other methods used are SSE, SE, finger spelling, gesture and lip-reading. Hampshire Deaf Association believes in the philosophy of Total Communication and training is also offered to staff who wishes to improve their communication skills. There was no evidence that reasonable attempts have been made to provide written communications in other 'preferred' forms of languages other than English.

6.8 Service User Awareness

Information regarding Equal Opportunities and Anti- Discriminatory Practices is included in the service user pack and if service users require further information there information of who to contact.

6.8.1 Urgent Action

To include a brief description of Harassment into the Service User Pack.

6.8.1 Action has been completed, 23/05/08

C1.6 Complaints

7 Complaints

A comprehensive complaints procedure is in place and a complaints leaflet is provided in the service user pack. These clearly state who to complain to, what the organisation will do and how to escalate the complaint and appeal against an outcome that there is a decision. Timescales for responses are stated.

Reference is also made to an Appeals Process for use by service users in respect of outcomes to assessments and reviews, as well as for complaints. Dates show that the policy has been reviewed in the last five years.

There was no evidence that written records are maintained of any and all complaints made against the service.

To be Contract Compliant

7.0.1 Urgent Action

To make reference in the policy, to follow the Supporting People Complaints process.

7.0.1 Action has been completed, 23/05/08

7.0.2 Urgent Action

To produce a complaints log which details the actions taken and the time taken to respond at each stage applied and that these are 'reasonable' (Please see Appendix 6).

7.0.2 Action has been completed, 23/05/08

7.1 Service User Awareness

A copy of the procedures have been given to and explained to each Service User when they first commence support, although the leaflet needs to be revised to include other formats of communication as previously advised.

7.2 Staff Awareness

Staff stated in their interviews they had received guidance on Complaints, but again there no evidence was available.

7.2.1 Urgent Action

To ensure that staff have read and understand the Complaints Policy & Procedure and written evidence will be required.

7.2.1 Action has been completed, 23/05/08

Quality Assessment Framework	Self Assessment	Grading after review visit Mar 08	Grading after 6 months Sept 08
C 1.1 Needs & Risk Assessment	B	D*	C
C 1.2 Support Planning	B	D*	C
C 1.3 Health & Safety	B	D*	C
C 1.4 Adult Abuse	B	D*	C
C 1.5 Diversity	B	D*	C
C 1.6 Complaints	B	D*	C

* Will attain a higher grade once the action plan is satisfactory completed.

Review Officer
Alison Flood

Review Officer
Keily Proctor

Date.....

Authorised by

Manager.....
Paul Bakewell

Date.....