



Contract and Service Review Report:

The Law Centre

Service included under the review:

The Law Centre – Floating Support

Review Date: 5th & 6th June 2007

Review Officers: Alison Flood and Keith Hopkins

This report was presented to The Law Centre: 21st September 2007

4 week review of actions: Friday 19th October 2007

6 month Review of Actions: Thursday 20th March 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.

Part One

1 Introduction

1.1 The Law Centre.

The Law Centre is an independent specialist legal advice centre located in Newport, Isle of Wight. It specialises in providing help and assistance with housing, debt, employment, consumer and welfare benefits problems.

The Law Centre – Floating Support service funded by Supporting People is an integral part of the Centre. The service which is primarily for Homeless Families has been developed to assist people in their independence. The Service which has a Contract capacity of 49 clients has been operating fully and consistently across the year.

The Law Centre is currently consolidating a period of financial stability following a period of some uncertainty. The Manager expressed confidence in the continuing ability of the service. The Staff reported that due to financial pressures on the Law Centre during the past 12/18 months staff training had been somewhat curtailed. There is evidence of the recovery plan taking effect and a new sense of optimism and purpose within the organisation.

1.2 The Clients

It was clear after speaking to the clients of the Law Centre that they were very happy with the service they receive.

The Review Officers had the opportunity to speak to 6 clients, 2 of whom were previous clients; they were also very pleased with the service that they had received.

Please see Appendix 1.

1.3 Comments made by the Clients included:

“It has made a lot of difference in my life. I can cope with my bills more and am a lot more confident”

“They have reduced my debts and kept a roof over my head and helped me manage my money better.”

1.4 The Staff

There are currently 5 staff working within the support team, both full and part-time, the majority from a Social Care background.

Please see Appendix 2.

1.5 Comments made by the staff included:

“I like giving advice to people”.

“Helping people and making a difference is very rewarding.”

“As I can see improvements in clients, it is rewarding when I know I am helping”.

2. 0 Stakeholder Feedback

The feedback given by stakeholders states that there have been some positive outcomes from the process of referring the client through to receiving support.

2.0.1 Stakeholder feedback included:

“The working relationship with the Law Centre is effective and Supportive.”

“Very good at an operational level.”

87% of the stakeholders believe the service demand on the Isle of Wight is high

57% of the stakeholders believe that the service relevance to the Isle of Wight is high.

3. Contract Compliance

Although there is no documented Business Recovery Plan, the Manager was fully able to describe a procedure intended to enable the clients to continue to receive support. As this is a floating support service the staff would work from home should the office be unavailable. So far as staff sickness is concerned the Manager felt there would be sufficient flexibility to maintain support.

A hierarchy of the Law Centre's Management and Trustees was supplied, with documented roles and responsibilities. Carole Holmberg is the de-facto Assistant Manager and is able to take full management responsibility in the absence of the Manager, Matt Thatcher.

A Professional Indemnity Insurance policy was provided to the Review Officers.

During the Client interviews, evidence was obtained that there are support withdrawal strategies in place clients being aware that they would be able to re-engage with the Service if they were to have a specific need in the future.

The Law Centre is familiar with the Current DDA legislation. In view of the client group the Manager was particularly mindful of the need to ensure access for parents with Prams and Buggies. Apparently the Landlord of the premises has received an award for the accessibility of the Toilet Facilities. There is evidence that The Law Centre is an equal opportunities employer.

4 Service Review Officer Comments

The Review Officers found a very open and welcoming service. The officers spoke to both staff and clients who all had a lot of positive comments to make about the service.

As an overall observation the Review Officers found that the service fits within the Supporting People remit for the Island.

Part Two

C1.1 Needs and Risk Assessment

1 Needs Assessment

Two separate and distinct documents were provided that illustrated the process for assessment. The first was a documented narrative to the process employed which flowed well and was easy to follow. The second was a flow chart that appeared to be more prescriptive in construction and the route followed.

The Process for the assessment did not appear to show any consideration towards possible need to reject/decline a referral on the basis of not meeting the service eligibility criteria. It was apparent from the client interviews that they were aware that they can request an assessment at anytime. It was evidenced in the client interviews that clients were given an explanation to the reasons for the assessments and the outcomes.

It was identified that more than one member of staff carried out initial Needs Assessments. Two members of staff go out together to carry out the initial assessment.

1.2 Client Files

The Review Officers noted that individual client files showed a lack of consistency in layout. Whilst the files contained the “raw” information, in all cases it was difficult to evidence the support “story”. The Manager stated that he undertook regular reviews of the client files with the support workers; however, there was no documentary evidence of this practice being applied.

The client’ files showed that the assessments had not been used consistently as three client files did not appear to have an initial assessment in the file. The remaining assessments were reviewed regularly and consideration had been shown to recording client’s comments on the assessment form. There did not appear to be any evidence that clients were offered a copy of their assessment.

To attain a Level C:

1.2.1 Urgent Action:

Ensure that all client files are consistent in layout and all have assessments included.

Evidence should be provided that the client is offered a copy of the assessment, this could be in the form of a statement at the end of the assessment and the client signature confirmation requested whether they accept or decline.

Action 1.2.1 Completed on the 29th October 2007.

To attain a Level B:

1.2.2 Action

A process needs to be applied for how to deal with clients who are not eligible for housing related support; this would include signposting to an appropriate agency.

Action 1.2.2 was completed on the 29th October 2007.

1.3 Training

It was demonstrated that staff were able to make an effective assessment of the individual needs. Staff had appropriate level of experience and understanding of the issues experienced by clients supported by the service.

2 Risk Assessments

Individual Risk assessments are carried out when a client commences support; these are reviewed continuously, recorded in tenants' files and reviewed formally every twelve months. Although there is a process for individual risk assessment it fails to deliver a satisfactory explanation of risk measurement (methodology).

To Attain a Level B

2.1.1 Action

The Current Risk Assessment format needs to be modified to include probability, showing a scoring system for risk occurring would be beneficial on the **individuals'** assessments.

An Environment Risk Assessment needs to be applied for visiting outside of the office i.e.; clients homes that takes into account issues such as surrounding environment, mobile phone strength, internal environment and other people living there.

A Risk Assessment of the office/working environment also needs to be carried out on a regular basis with evidence of actions taken where issues have been identified.

Action 2.1.1 was completed on the 29th October 2007.

C1.2 Support Planning

3 Support Planning

Staff members from Law Centre should become actively involved in the workshops which will be run by Supporting People that will look at the scope for developing a standardised Provider Service Support Plan based on the Outcomes Framework. This would help to develop a process that would reduce the amount of forms that are being utilised, while extracting best practice from other providers.

3.0.1 Action:

The Supporting People Team will review this in the future.

Action 3.0.1 is still in progress with the SP team.

3.2 Support Plan Document

The Support Plan provided appears to be very clear in the nature of information it is seeking to include. There is a policy which lays out why the support plan is needed and the process on how it should be applied.

3.3 The Brochure

The existing brochure is general to the clients of the Law Centre, it includes how the Support will commence with a Needs Assessment and be developed with a Support Plan. It also states that reviews will be carried out every 6 months, or sooner, should the client request

3.4 Interagency Working

After speaking to the staff it was clear that inter agency working is carried out on a regular basis, especially Housing Associations, IWC Housing Services and Benefit agencies.

Stakeholder feedback returns demonstrate that level of feedback received from The Law Centre is inconsistent, varying between weekly and in other cases monthly.

C1.3 Health & Safety

4. Health and Safety

The policy provided was very structured and prescriptive in its content with a strong depth of referral, back to the legislation, that provides guidance and included some clearly defined roles and responsibilities, capturing both the Board and Service Manager. However, there was limited evidence that Health and Safety checks are carried out by professional contractors. The building is of multiple occupancy and there does not appear to be a cohesive Health and Safety Policy in place to reflect this.

It was discussed that Portable Appliance Testing is not carried out. There was no evidence that there are current Emergency Procedures in place nor is there evidence that this defect is under review.

After speaking to clients, it was apparent that they are aware of how and whom to report any issues regarding Health & Safety. However there are some areas of inconsistency.

4.0.1 Recommendation:

Consideration needs to be given to:

- Pregnant Workers – and the approach adopted by the service (see example provided)
- First Aid – to document location of boxes, responsibility for maintaining these, trained first-aiders, where lists of first-aiders are to be found.
- Smoking –requirements to comply with new legislation
- Stress in the Workplace – some form of guidance to the Centre’s approach towards identifying, supporting individuals and treating the causes of etc.
- What is the approach to supporting and protecting the health of staff.

4.1 General Health and Safety Statement

This was not on display when the review took place

To be Contract Compliant:

4.1.1 Urgent Action

To display the Health & Safety Statement.

Action 4.1.1 was completed on the 29th October 2007.

4.2 Lone Working Policy

A Clear acceptance of the Centre’s responsibilities towards safeguarding the safety of its staff when working alone was exhibited. The Wight Care Lone Working System would appear to be employed with additional support from some in-house monitoring controls.

4.3 Legislation Governing Health and Safety

There was a limited understanding of COSHH and RIDDOR. This information is in the Health & Safety Policy.

To be contract compliant

4.3.1 Urgent Action:

The above information needs to be read and cascaded down to the team. It is recommended that this is done in the form of a team meeting/workshop. Written evidence will be required.

Action 4.3.1 was completed on the 29th October 2007.

4.4 First Aid

The accident book was produced, it is difficult to say with certainty if a) there have been no Accidents or b) Accidents have not been recorded. The First Aid box was available; this did not appear to contain the appropriate contents (See attached list). It was discussed that Basic First Aid training was required for key, if not all Staff.

To be Contract Compliant:

4.4.1 Urgent Action

That Staff attend First Aid Training, consistent with Employers Liability when a course is next available.

Action 4.4.1 has been completed with three members of staff being first aiders 20/03/08

To attain a Level B:

4.5 Out of Hour's Assistance

There is no clear guidance provided with regard to out of hours contact and the situations in which staff should be contacted.

4.5.1 Action

Guidance to be distributed to clients on the hours that support staff are available. It may be beneficial to state other agencies numbers for out of hour's emergencies.

Action 4.5.1 has now been completed 25/04/08

4.6 Brochure

There is a statement in the Clients welcome pack that outlines the Policy and how to report any Health & Safety concerns or issues.

4.7 Office Risk Assessment

4.7.1 Action:

See action 2.1.1.

Action 4.7.1 completed on the 29th October 2008.

C1.4 Adult Abuse

5 .1 Vulnerable Adults – Policy Summary

A Procedure for reporting abuse or suspected abuse was provided which included a definition to the six accepted forms that abuse manifests itself. It also cross referenced itself with the County Adult Protection Policy Document and to the Whistle blowing Policy.

No specific reference was included for recording of CRB or POVA checks (including the frequency with which it would be reviewed). This might also provide guidance to what the view would be in the event of an unsuccessful application and reporting of future convictions.

The Manager and Team members were able to fully describe the potential for abuse and their plan for response. This was: In case of any concern seek the advice of the Social Care Duty Team at 147 High Street, Newport.

To attain level C

5.1.1 Urgent Action:

Reference needs to be made in accordance with The Public Interest Disclosure Act 1998 and where appropriate, the Department of Health guidance "No secrets", should be incorporated into the Policy Summary.

Action 5.1.1 was completed on the 29th October 2007.

5.1.2 Urgent Action

The Abuse Policy/Recruitment Policy needs to include guidance to apply CRB/POVA checks on all staff and a procedure for the frequency of the checks to be carried out.

Action 5.1.2 was completed on the 29th October 2007

5.2 Adult Abuse Training

5.2.1 Recommendation:

The Staff files showed that not all staff has received external Adult Abuse training. Although staff showed an understanding of the Policy and it is included in the Induction, it would be beneficial for Staff members to attend an external course.

The Isle of Wight Council also offer a course called 'Training For Trainers', which equips staff on how to present a workshop to other staff members, this would be very beneficial to the Law Centre.

5.2.1 Was completed on the 31st March 2008, xxxx attended the Councils safeguarding Adults training and will cascade this information to the staff team.

Adult Abuse Log

It is a requirement for a level C that a record is maintained of all alleged or suspected incidences of abuse.

To Attain a Level C

5.3 Urgent Action:

A log should be developed and maintained to record all complaints or concerns about abuse made by either Service Users or members of Staff.

The log should be sufficiently detailed and is required to capture:

The detail of what resultant action/s was taken and the timeframe within which they were taken to investigate the complaint or concern.

The detail of the outcome for each investigation and actions taken in response to the findings made.

Action 5.3 was completed on the 29th October 2007.

5.4 Whistle blowing Policy

The current version appears to be 'closed' to resolution by the Law Centre's management to any issue that may be raised. There is neither a reference to, nor signposting to any neutral party that are external to the organisation as part of the process where it is either inappropriate to, or has proven unsuccessful with, referring the issue internally. The process was explained by the staff but there were no guidance to back this up.

To attain level C

5.4.1 Urgent Action:

Guidance needs to refer to a suitable external person or organisation who would accept this external function. e.g. Stakeholder organisation

Action 5.4.1 was completed on the 29th October 2007.

5.5 Boundaries / Professional Relationships

The only reference found, was in the Staff Handbook of which staff are required to provide a formal acknowledgment of understanding to its content. The current format deals specifically with the issue of Gifts and Bequests. The content needs to be expanded to provide guidance on professional boundaries in respect of working relationships between staff and clients.

5.5.1 Urgent Action:

To expand on the current content to include guidance about the acceptable approach for working relationships between clients and staff. It may also be beneficial to include a similar statement in the client's welcome pack.

Action 5.5.1 was completed on the 29th October 2007.

C1.5 Diversity

6 Diversity

The Manager of the Law Centre was proud of the passion that the staff have for their vocation in assisting people to access and maintain their housing without any form of prejudice. The example provided, albeit for the wider Law Centre, was the work that the organisation undertakes as part of their contract to provide Offender Support to HMP Camphill and quoted Offenders and the BME prison population as evidence.

The Law Centre has an Initial Monitoring Sheet in place for referrals to measure the equality access information. Referrals are compared against the data-set and client group.

The Law Centre reflects the diversity and cultural profile of the clients. There is currently no provision in place to assist clients to communicate in forms other than English and whilst the Manager offered assurance that should such an occurrence take place, the Service would respond in a positive manner.

6.0.1 Recommendation:

Contingency needs to be developed and communicated across all staff that facilities, translations/interpretation services are available on request and who would need to be contacted, and the timescale for translation of documents.

Recommendation 6.0.1 completed 25/04/08

6.1 Equal Opportunities Policy

An EOP was provided, however, the content almost exclusively dealt with the issues surrounding the recruitment and employment of staff. Minimal acknowledgement was extended towards the approach needed in the treatment of clients.

To attain level C

6.1.1 Urgent Action:

The E.O.P content needs to be reviewed and broadened to incorporate a statement, supported by guidance to how clients are to be treated. This should then be cascaded to all staff.

Action 6.1.1 was completed on the 29th October 2007.

6.2 Eligibility Criteria

A copy of this is included as part of the pack provided to clients. Its current format provides some broad statements about the services purpose and it's intention in respect of delivery of support and the support outcomes it hopes to achieve.

To attain a Level C:

6.2.1 Urgent Action

There needs to be a more specific definition of the Primary client group supported (Homeless Families) and the types of support needs/circumstances that would qualify for entry to the service to receive SP funding.

A prioritisation and application process is required.

The Eligibility Criteria should be distributed to referral agencies on a regular basis.

Action 6.2.1 was completed on the 29th October 2007.

6.3 Anti-Discriminatory Practice (ADP) & Harassment.

There appears to be two distinct Policies in place which provide guidance on each of these issues.

6.4 The Brochure

There is a section in the brochure that defines: the process for referral, the primary group, the criteria that must be met for a client to be considered for admission and the admissions procedure.

6.5 Recruitment and Selection

The document provided was both structured and comprehensive in its content and the topics covered, re-enforcing the ideals expressed in the EO Policy. The process described for recruitment appeared to include almost all of the core requirements for the QAF and includes use of job description, Person Specifications, use of a matrix of questions and take up of references. However, the process did not include any reference to the need to apply CRB checks.

6.5.1 Recommendations:

To include guidance of the use of CRB/POVA checks.

The above recommendation was completed on the 20th March 2008.

6.6 Cultural and Religious Resources

It was highlighted at the review that information is made available to clients. A directory is distributed to the clients when they first commence support from The Law Centre; this includes local religious groups and help centres and charities on the Isle of Wight.

C1.6 Complaints

7 Complaints Policy and Procedure

A formalised procedure was supplied, the introduction to which effectively provides a policy statement. It was apparent to the Review Officers that a complaints log is not maintained. The Service User's interviewed provided verbal confirmation that they were confident in the Complaints procedure, should the need arise.

To attain a level C

7.0.1 Urgent Action:

A log needs to be developed that would provide a breakdown of any Complaints made, the outcomes reached, together with the action taken and the time taken to respond to each stage.

The process also needs to include guidance that states the complainant has the right to have a friend, advocate, family or professional with them when making a complaint. This should be included in the guidance provided to clients.

Action 7.0.1 was completed on the 29th October 2007.

Quality Assessment Framework	Self Assessment	Site visit Grading	Current Grading With completed Action points April 08
C1.1 Needs and Risk Assessment	B	D *	B
C1.2 Support Planning	B	B	B
C1.3 Health and Safety	B	C*	C
C1.4 Adult Abuse	B	D*	B
C1.5 Diversity	B	D*	C
C1.6 Complaints	B	D*	C

* will attain a higher grade if the Action Plan is satisfactorily completed

Review Officer
Alison Flood

Review Officer
Keith Hopkins

Date.....

Authorised by

Manager.....
Paul Bakewell

Date.....