



Contract and Service Review Report:

Milford Del Support Agency

Services included under the review:

Milford Del Floating Support
Milford Del Specialist Support
Milford Del, St Peters Flat

Review Date: Friday 27th February 2009.

Review Officers: Alison Flood & Keily Proctor

This report was presented to Provider: Tuesday 31st March 2009

4 Week Action Plan Review: Friday 15th May 2009

6 Month Action Plan Review: Thursday 5th November 2009

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.

1. Introduction

Milford Del is a domiciliary care agency providing care to people in the community and provides housing related support services. There are three services, which are floating support, specialist support, and St Peters Flats, which accommodates six service users in Sandown.

1.1 Service Users

Supporting People sent out questionnaires to the service users to seek their views on the service provided to them and also had the opportunity to speak with 5 service users across the Floating and Specialist service. The review officers invited the service users from St Peters Flats to speak with them; however they decided they would prefer to give their views through a questionnaire.

From the 84 questionnaires that were sent out, Supporting People have received 21, which equates to a 25% return. 81% of service users asked felt they were always informed about the service received.

Below are some of the comments made by service users:

- Makes my life easier
- They have been very supportive and helpful, dealing with problems has stopped me getting wound up and worrying. Life is easier.
- I have not got any family help to support me, my support worker helps me to maintain my independence
- The help is invaluable, look forward to visits, it brightens my whole week
- I have moved from the family home to being more independent in my own flat at St Peters

Please see **Appendix 1** for more details.

Supporting People received a response, which stated that even though the support received is very good, they were a little disappointed that no-one turned up in the half term week. The team also received a response that they would prefer to have visits in the morning rather than changing each visit.

1.1.1 Urgent Action:

Ensure that service users are notified if support workers are unable to visit.

Action 1.1.1 has now been implemented, 15/05/09

1.1.2 Recommendation:

Offer service users the choice of morning or afternoon visits from their support worker.

1.2 Staff

Milford Del is a family run business, which consists of 4 directors, 3 of whom are managing directors, who are involved in the day to day running of the business and 14 staff members, 11 of whom are support workers. Supporting People sent out questionnaires to all staff members, and also had the opportunity to speak to 3 support workers. Supporting People have received 12 questionnaires which equates to 86% return rate.

Please see **Appendix 2** for more details.

1.3 Induction, Staff Training, Appraisals and Supervision

92% of staff stated that they had received an Induction. Supporting People looked through 4 staff files and it appeared that only 2 staff had completed the induction checklist. One was completely empty and the remaining one was partially completed. Looking through the checklist, there are many aspects to the induction, however there are a few items that are missing, which are specific to Supporting People.

Supervisions are carried out every eight weeks and an annual appraisal is carried out. Milford Del operates a Training and Development Plan which offers staff members the opportunity to develop their knowledge and skills. There is a staff appraisal policy, appraisal guidance and a performance appraisal interview sheet. Guidance is also in place regarding support worker illness, which is mentioned in the staff handbook.

1.3.1 Urgent Action:

Ensure that all staff inductions are completed and signed off by the line Manager/supervisor.

Action 1.3.1 has now been completed, 27/01/10

1.3.2 Urgent Action:

The Induction checklist needs to include the following:

- Eligibility Criteria for service
- What constitutes Housing Related Support
- Support Planning, including reporting activities undertaken.
- Needs Assessment & Reviews.

- **Service User Rights**

Action 1.3.2 has now been completed, 27/01/10

1.4 Stakeholders

Supporting People sent out feedback questionnaires to 7 stakeholders, which included Care Managers, Referrers and Care Coordinators, 14% were returned.

Some of the comments included:

- The demand for this type of service on the Island is high
- I am advised of outcomes from the assessments the service has carried out on individuals that I have referred
- The Role for supporting the elderly is now very limited.

1.5 Exit Strategy

Milford Del is currently working on an Exit Strategy for the withdrawal of support.

1.5.1 Urgent Action:

Milford Del to send the Exit Strategy to Supporting People, when finalised.

Action 1.5.1 has now been completed, 15/05/09

1.6 Business Plan and Continuity Plan

Supporting People has received a Business Plan from Milford Del which sets out their strengths, weaknesses and future plans. A Business Recovery Plan has been provided with the relevant information required.

1.7 Confidentiality

There is a Confidentiality Policy in place but there is no mention of any legislative requirements such as; Data Protection Act 1998, Freedom of Information Act, or the Caldicott guidelines as set out in the Contract. There is appropriate guidance given to how information is recorded and stored and consideration is shown to occasions where there is a legal obligation to share information. The service user's right to privacy and dignity are maintained. The policy also states that maintaining confidentiality is the responsibility of all staff.

The staff files that Supporting People checked showed that all staff had a signed Confidentiality Agreement.

1.7.1 Urgent Action:

To include the relevant legislative information in to the Confidentiality Policy, (an example is attached to this report)

Action 1.7.1 has now been completed, 15/05/09

1.8 Accounts

Milford Del has sent in the year end 2008 accounts to the Supporting People team.

1.9 Policies and Procedures

All Policies and Procedures are reviewed at least annually or when amendments are made. All staff members have copies of the amended documents and are discussed in team meetings.

<h2>C1.1 Needs, Risk Assessment & C.1.2 Support Planning</h2>
--

2 Needs and Risk Assessment.

There is a documented procedure that specifies how referrals are processed and assessed, which was last reviewed in May 2008. The assessment procedure ensures that the service user's needs are compared objectively with the eligibility criteria of the service and appropriate decisions are made.

After checking some of the risk assessment of service users, all service users had risk assessments in their files, although 30 % of files checked, did not consider the vulnerability to abuse nor lone working. 20% of risk assessments had not been reviewed annually. 10% of the risk assessments that were checked did not have a date when the review took place. Milford Del are currently transferring all service user's files over to the standard Supporting People Client Record format.

2.0.1 Urgent Action:

Ensure that the remaining files are transferred over to the new format.

Action 2.0.1 has now been completed, 15/11/09

2.0.2 Urgent Action:

Ensure that all risk assessments are carried out at least annually and all fields are completed.

Action 2.0.2 has now been completed, 15/11/09

2.1 Training Programmes.

Evidence was shown that staff members have received training in needs assessments and reviews. Although this was evidenced, there was no specific section on the Induction checklist.

2.1.1 Urgent Action:

As action 1.3.2

Action 2.1.1 has now been completed, 05/11/09

2.2 Assessment Outcomes

The procedures describe how the service user's views are to be recorded as a part of the process and that service users can ask for a review at anytime. The procedure includes guidance to what should be done when a prospective service user disagrees with any outcomes of an assessment or review.

The procedures give clear guidance that the outcomes of assessments and reviews are explained to all service users and both successful and unsuccessful applicants. If service users need more specialist support and do not meet the eligibility criteria, Milford Del will signpost to the appropriate agencies.

2.3 Right of Appeal

The procedures include reference to the service user's right to appeal against decisions arising from assessment and review with which they disagree. Protocols provide clear guidance that appeals should be attended by staff additional to those who carried out the assessment/review.

2.4 Interagency Liaison.

Milford Del demonstrated interagency liaison and networking through correspondence and minutes of meetings. This includes Case Conferences, Reviews with Care Managers, Adult Protections Meetings and Wightcare meetings.

Previously Milford Del has tried to seek feedback about the service from key agencies as a part of service planning and review, unfortunately this was unsuccessful as no responses were received. Milford Del provided the Supporting People with the template that was used to seek feedback.

2.4.1 Recommendation to attain a Level B:

Milford Del to try again to seek feedback and keep a record of to whom it was sent and the responses received.

2.5 Support Plans.

All client files that were verified had a support plan in place, although some had not been reviewed regularly. The nature of support was within the eligibility criteria of Supporting People. All support plans that were checked were signed and agreed by the client, although some plans did not have room for client comments. Again Milford Del are in the process of transferring their paperwork over to the standard client record templates. 73% of clients asked had been offered copies of their paperwork.

2.6 Staff Awareness

After looking through files and receiving feedback from staff, it was apparent that staff has knowledge and know the purpose of a support plan. Files also showed that staff has received guidance via courses, inductions and team meetings.

2.7 Initiating Reviews

Guidance regarding initiating reviews is included on the new support plan document. The team received feedback that 80% of clients were aware of this.

3. C1.3 Health and Safety

3 Health and Safety

A Health & Safety statement and a Health & Safety policy is in place, these were last reviewed in May 2008. There is also an employee safety booklet in place which sets out the responsibilities of management and employees, however Milford Del needs to include and consider some additional areas listed in 3.0.1. When visiting St Peters Flats, there was not a Health & Safety poster on display.

3.0.1 Urgent Action

To include Contractors, Disabled Workers, Electrical Safety, Pregnant Workers and RIDDOR, into the main Health & Safety policy and/or in the employee safety handbook.

Action 3.0.1 has now been included, 05/05/09

3.0.2 Recommendation

To consider including stress, violence & aggression, alcohol & drug misuse, manual handling and security of the premises as part of the Policy or Safety handbook.

Recommendation 3.0.2 has now been completed, 18/05/09

3.0.3 Urgent Action:

A Health & Safety Poster to be placed in St Peters Flats.

Action 3.0.3 has now been completed, 05/05/09

3.1 First Aid

The staff members have received first aid training, though this was not displayed in the office or at St Peters Flats. There was First Aid boxes at St Peters and at the main office and accident books were in place.

3.1.1 Urgent Action

To display a list of current first aiders both in the office environment and at St Peters Flats.

Action 3.1.1 has now been displayed, 05/05/09

3.2 Fire Alarm System

There is Fire alarm system in place at the office premises, which are tested regularly. The fire equipment is serviced annually by Wightfire, this includes St Peters Flats, where individual flats have smoke detectors, these are tested as part of the Health & Safety checks.

3.3 PAT Testing

Although PAT testing is not included in the H & S Policy, evidence was shown that PAT testing was carried out in October 2008, by a qualified electrician.

3.3.1. Urgent Action:

As action 3.0.1

Action 3.3.1 has now been completed, 05/05/09

3.4 Identity Cards

All support staff have identity cards on display when visiting service users

3.5 Lone Working Policy and Procedures

A Lone Working Policy is in place that sets out procedures to minimise the risks to staff working alone. Protocols are in place to monitor staff between visits and specific reference is given to the use of risk assessments as a tool to highlight issues that staff need to be aware of. The policy was last reviewed in May 2008. Lone Working is included as part of the induction programme

3.6 Health and Safety Inspections

St Peters flats have a health & safety check monthly and have a maintenance man who carries out day to day jobs. Service users are usually present when work is being carried out. All service users receiving floating support have a Health & Safety check of their home which is reviewed annually, unless anything changes, then it would be earlier, this check involves the service users.

3.7 Risk Assessment of Premises

A completed Risk Assessment was undertaken for the office to identify H&S issues and security risks to staff in May 2008. An external audit was also carried out by Paul Simmonds in Oct 2008.

Risk Assessments for St Peters Flats are carried out monthly as part of the H&S check.

3.8 Emergency Call-Out Procedures

Guidance is given on the hours Milford Del are available and guidance was also provided for out of hour's assistance. There is a directory in the support service guide of useful numbers.

3.9 Methodology for Conducting Risk Assessments.

A scoring system is used to assess the risks involved with the service user, to the service user and the environment to which the service user is living in.

3.10 Service User Awareness

Milford Del stated that a copy of H & S policy & procedure is available on request.

3.10.1 Urgent Action:

To include an explanation to the H&S Policy and procedures in the service guide.

Action 3.10.1 has now been completed, 05/05/09

4. C1.4 Adult Protection

4. Adult Protection

There is an Adult Protection Policy, which was last reviewed in May 2008, in place which is in conjunction with the Isle of Wight Multi Agency Safeguarding Adults Policy 2007. The policy explains the type of abuse that can occur and there is a procedure in place for staff to follow. It also states in the policy that all staff will receive training in Adult Protection within 6 months of commencing employment and training is to be updated every two years. Consideration to Abuse is included within the Risk Assessment protocols.

4.1 Whistle blowing

A whistle-blowing policy is in place that provides protocols for use by staff to report concerns about abuse. The protocols identify the process for reporting concerns and to whom. Where necessary, this includes an appropriate independent agency, such as the Police, Community Services, the Environment Agency and the H & S Executive. Whistle-blowing is part of the induction programme.

4.2 Recruitment and Selection, CRB Checks and References

A Recruitment and Selection Policy is in place which has specific guidance as to how this is achieved and its aim is to eliminate discrimination in the recruitment process applied. There is a prescribed process for the recruitment of new staff in place. As a part of the recruitment & selection of staff, it states that the service must ensure only suitably qualified or experienced staff are employed. References are required before employment commences and the review officers checked four staff files, of which all had two references on file.

Staff have up to date CRB and POVA checks carried out, although Milford Del are having difficulty obtaining one staff member's CRB however they have had POVA check. The Supporting People Team received CRB checks for staff although the 3 directors did not supply the team with numbers and dates,

4.2.1 Urgent Action.

To obtain a CRB for the staff member listed.

Action 4.2.1 has now been completed, 05/05/09

4.2.2 Urgent Action:

To obtain CRB numbers and dates for the 3 managing directors.

Action 4.2.2 has now been completed, 05/11/09

4.3 Recording Information

A template to record all concerns regarding abuse is in place. The template includes: the detail of what actions were taken and the timeframe within which they were taken to investigate the concern, the detail of the outcome for each investigation and actions taken in response to the findings made.

4.4 Service User Awareness

An explanation to the Adult Protection Policy and procedures are included in the service guide.

4.5 Boundaries

There is a Boundaries Policy and procedure in place to prevent staff from personal benefit when working with vulnerable people, this also part of the staff induction. Code of Conduct is also included in the staff handbook, which staff are required to sign.

4.6 Staff Awareness and Training

It is stated in the policy that all staff will receive training in Adult Abuse within 6 months of commencing employment and training is to be updated every two years. Although the staff that were asked, knew the reporting procedure, after receiving feedback, only 58% of staff stated they had received appropriate training.

4.6.1 Urgent Action:

For all staff members to receive Adult Protection awareness training.

Action 4.6.1 has now been completed, 05/11/09

5. C1.5 Diversity

5. Diversity

Milford Del is familiar with the latest legislation and best practice regarding diversity. As Milford Del does not have ground floor offices, service users do not visit the main offices and the provider has used the meeting rooms at Sandown Social Services in the past when required.

There is one flat at St Peters which has been adapted to accommodate wheelchair users. Milford Del has recently acquired a property, in which the ground floor is being converted in to 6 flats specifically adapted for wheelchair users.

5.1 Eligibility Criteria and Application Policy

Milford Del has a documented eligibility criteria and application process which is included in the support assessment procedure. There is a documented procedure describing how enquiries & applications are processed, assessed and prioritised. This was last reviewed and updated in May 2008.

Copies of leaflets about the service that Milford Del offer are provided to all enquirers, which in the past have included Referrers, Social Workers & Probation. Milford Del recently attended a staff meeting at Probation and carried out a short presentation to them explaining the work Milford Del do.

5.2 Equal Opportunities, Anti-Discriminatory and Harassment Policies

There is a written Policy covering Equal Opportunity and Anti- Discriminatory practice, this is included in the Equality & Diversity Policy, however there was no reference to Harassment in the policy. The policy which applies to staff and service users, addresses issues such as accessing the service and employment, however, the policy makes no reference to relevant legislation.

5.2.1 Urgent Action:

To include Harassment into the Equality & Diversity Policy

Action 5.2.1 has now been completed, 27/01/10

5.2.2 Urgent Action:

The Equality & Diversity Policy needs to be in line with the Commission for Race Equality Code of Practice and make reference to the following legislation:

- Race Relations Act 1976
- DDA 1995
- Human Rights Act 1998
- Sex Discrimination Act 1975
- Employment Equality (Age) Regulations 2006.

Action 5.2.2 has now been completed, 05/05/09

5.3 Induction and Training Programmes

The Equal Opportunities, Anti-Discriminatory Policies are included as a part of staff training, it is also part of the Induction, however, the Supporting People team received feedback which stated that only 25% of staff has received Diversity Training and whilst a 33% were unsure.

5.3.1 Action:

To ensure that all staff members attend Diversity Training.

Action 5.3.1 has now been completed, 27/01/10

5.4 Cultural and Religious Resources.

Although service users are not provided with guidance about local religious and cultural facilities as part of their information pack, it is picked up on the assessment and information is given as and when required.

At St Peters Flats, The Weekender and Beacon is available in the communal areas. After a discussion at the review meeting it was advisable that Supporting People will send their template for consideration and amend if necessary, this then gives the service users the opportunity of information regarding any clubs/groups that they weren't aware of in their local area.

5.4.1 Urgent Action:

Information regarding local and cultural activities is made available for individuals as part of their information pack.

Action 5.4.1 has now been completed, 05/05/09

5.4.2 Urgent Action:

To include a small folder in the communal areas of St Peters Flats for service users to look through to find out what is in their area.

Action 5.4.2 has now been completed, 05/05/09

5.5 Service User Awareness

Service users are made aware of EOP, ADP policies in their service guide.

5.5.1 Urgent Action:

Harassment needs to be added into the Service Guide.

Action 5.5.1 has now been completed, 05/05/09

6. C1.6 Complaints

6 Complaints

Although there is a Complaints Policy and Procedure, it only focussed on service users making a complaint. There was no reference made for people able to make complaints who are not service users, such as referrers or family members, Dudley explained this policy is for all complainants.

The Policy and Procedures comply with Regulatory bodies to which Milford Del are subject to, these include, CSCI and Community Services Contract Team. There is also an appeals procedure to follow. The policy was last reviewed in May 2008.

A complaints book is used, which includes date received, details of complaint, name of person taking complaint, who it has been passed onto, action to be taken and dated. A compliments book is used also.

6.0.1 Urgent Action

The Complaints Policy needs to be amended so it states that all complaints are welcome and are dealt with in the same way.

Action 6.0.1 has now been completed, 05/05/09

6.1 Service User Awareness

92% of service users are aware of how to make a complaint if they needed to. Information is given to the service users in the service guide. The appeals procedure is also included in the service guide.

6.2 Staff Awareness

After receiving feedback from staff members, it was apparent that all staff members were aware of the complaints process. Although when checking the files, there was no evidence of training given regarding complaints on two of the files.

6.2.1 Urgent Action:

Staff members training file needs to be kept up to date.

Action 6.2.1 has now been completed, 05/05/09

Quality Assessment Framework	Self Assessment	Current Grading	Grading at 6 months Review – Nov 2009
C 1.1 Needs & Risk Assessment	A	D**	B
C 1.2 Support Planning	A	D**	B
C 1.3 Health & Safety	A	D*	C
C 1.4 Adult Abuse	A	D*	C
C 1.5 Diversity	A	D*	C
C 1.6 Complaints	A	D*	C

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

**Will attain a level B once the action plan is satisfactorily completed.

Contract & Review Officer
Alison Flood

Contract & Review Officer
Keily Proctor

Date.....

Authorised by

Interim Manager.....
Keith Hopkins

Date.....