



Contract and Service Review Report:

Medina Housing Association

Services included under the review:

The Foyer for the Island

Review Date: 25th July 2008.

Review Officers: Alison Flood and Keily Proctor

This report was presented to Provider: Friday 22nd August 2008

4 Week Action Plan Review: Friday 26th September 2008 11.30am

6 Month Action Plan Review: Friday 20th March 2009 – 9am

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

The Foyer for the Island Limited is a registered charity that is a supported housing project for young people, situated in Ryde. It is owned by Medina Housing Association (MHA) and is managed by a wholly owned subsidiary. There is a manager of the scheme. It provides purpose-built accommodation linked to training and employment access, for up to 45 residents aged between sixteen and twenty five who have an Island connection. The residents live in bed sits arranged in groups of five, each group having a shared kitchen. The Foyer also accommodates a lounge, a computer suite, a garden area and a gym.

1.1 Business Recovery Plan

A draft documented contingency stating how emergency cover arrangements would be provided was submitted, entitled The Ryde Foyer & Community Enterprise Recovery Business Recovery Team (BRT) Plan.

1.1.1 Action:

To provide the finalised document once this has been approved.

1.1.1 Action is still currently in draft and is with the Board, 20/03/09

1.2 Medina Housing Associations Business Plan

MHA's current Business Plan is built on the original plan set in 2001. A statement provided, stated that MHA has been successful in operating within the terms of the Business Plan and achieving or outperforming annual budgets.

1.3 Exit Strategy

A formal Exit Strategy is not in place for withdrawal of support however exit interviews are conducted and an Exit Pack was provided. The Exit Pack needs reviewing as some of the information was out of date.

The Manager stated that they are in the process of discussions to try and acquire a certain amount of properties linked with South Wight Housing Association Community Support to be made available for move on accommodation; however this has not been put into a formal plan.

1.3.1 Urgent Action:

To amend the front sheet on the Exit Checklist to delete the Supporting People Change of Circumstances Form as these are no longer used.

1.3.1 Action has now been completed, 26/09/08

1.3.2 Urgent Action:

To devise an exit strategy outlining how the service withdraws support to avoid client relapse incorporating the exit pack and taking into consideration the results of the Exit Interview Questionnaire.

1.3.2 Action has now been completed, 26/09/08

1.4 The Residents Meeting

Please see Appendix 1 for a complete report of these responses.

1.4.1 Feedback from the Residents:

Overall the feedback acquired from a meeting that was held with 13 of the residents, showed that they are not happy with the service provided or the staff members. Some of the positive comments that were made regarding the good points about living in The Foyer were:

- It's alright
- It's not as bad as I thought.
- There is always someone here

In response to the feedback obtained at the resident's meeting, the manager and deputy manager answered a survey that highlighted some of the issues raised. The responses are highlighted in the feedback from Managers sections below.

1.4.2 Feedback from the Managers on positive aspects of the Foyer Included:

- Highly motivated environment particularly from staff which feeds onto residents.
- It has the clients as the core of the day to day work.
- It has regular social visits from ex residents indicating that it has been a positive experience for those clients.

- Supporting team.
- Excellent team working.
- Offers great opportunities.
- Multi-agency partnerships and support.

1.4.3 Activities that residents stated take place included:

Paint balling, team building, guitar club, arts project, breakfast club, garden club, pool room, computers and the gym.

1.4.4 Activities that the Managers stated takes place included:

Leisure and activities are organised on a weekly, monthly and annual basis includes: art and crafts, gym, breakfast club, supper club, residents meetings, team building events, cookery club, bowling and team building exercises.

Many of the training events are social too which are held on a weekly basis: Life skills, Job Club etc.

1.4.5 Improvements that residents would like to see included:

- Confidentiality
- More variety of activities including: rock climbing, spray painting, team building, paint balling,
- Residents are depressed need more counsellors
- Support with giving up smoking.

1.4.6 Improvements that the Managers would like to see included:

- We could provide the activities and training for young people outside the Foyer – this is an aspiration;
- We would like to provide placements for volunteers and encourage youngsters to do volunteering – another aspiration;
- We would like to involve residents in a social enterprise and fundraising;
- We could enhance our training facilities;
- More multi-agency partnerships,
- More money for facilities,
- A transitional resettlement worker.

1.4.7 Services Currently Available to Residents

The Residents Handbook states that there are a number of services available at the

Foyer e.g. Family Planning, Youth Trust Counselling Service, Careers Advise Services and that if residents wish to access these services then they should contact their project worker who will help them make an appointment to see them for when they are on site. In some cases residents may be able to see these people outside the Foyer.

1.4.8 The services that the Manager's stated are currently available included:

- Daily access to project workers from 7.45 a.m. to 9.45 p.m.
- Secure environment 24 hours a day 7 days a week.
- Access to drug and alcohol counselling.
- Access to housing services.
- Access to training and benefits advice.
- Training on skills to enhance personal development and independence
- Get Sorted
- Project worker from C.R.U.S.E
- Youth Trust
- Connexions
- Jigsaw.

1.4.9 The Youth Trust Counselling Service:

The telephone number for The Youth Trust Counselling Service is stated in numerous places in the handbook. Following the request for counselling services by the residents the Review Officer contacted The Youth Trust Counselling Service who stated that the councillor that usually provided the service at The Foyer had been off sick since the beginning of May but is due to resume her post in a fortnight. She will be offering 2 sessions per week and residents are entitled to a total of 6 sessions. However, the residents always have the option of going to Newport for counselling sessions.

1.4.10 Recommendation:

Clear guidance should be made available to all residents about what services are available to them.

1.4.10 Recommendation has now been completed, 20/03/09

1.4.11 Comments from residents about the staff included:

- No privacy (see section 1.4.15)
- Some of the staff are ok but if you wanted to swap staff you would be penalised. (see section 1.4.13)
- There feels to be enough staff for the amount of residents.
- Staff let themselves into your rooms when they are supposed to give 24 hours notice (see section 1.4.15)
- Staff are not assisting with moving on (see action 3.3.1)
- They are constantly on your back.

1.4.12 Managers response to residents changing support workers:

It would be possible to change support workers, but it would have to be considered in the light of the reasons for the request and the capacity of other project workers. In short, requests would be considered on an individual basis.

1.4.13 Recommendation:

Ensure that all residents are aware that they may possibly be able to change support workers if the reasons are justified.

1.4.13 Recommendation has now been completed, 20/03/09

1.4.14 Manager's response to staff entering resident's rooms:

We would do so in the case of an emergency such as a medical situation, or if there was a threat of harm to a person(s) or if anything illegal was taking place. We would give at least 24 hours notice for a repair or room check if the resident was not in, we would only enter with another colleague.

1.4.15 Recommendation:

Staff need to respect the privacy of the residents and ensure that their own policies are followed and clearly state on the residents file when and why a staff member enters a room.

1.4.15 Recommendation has now been completed, 20/03/09

1.4.16 Residents comments about the service included:

- People are getting are in rent arrears and we believe that there is favouritism amongst residents and that some residents who get in huge rent arrears get

to stay and others get evicted

- Had spiders nest in my room the staff told me to buy some spray and made fun of me about it. (See action 5.5.1)
- Never given any information or paperwork and have to give 24 hours notice to see their files. (See action 2.2.1)
- When we have 1-1's information that is written is showed to us however copies are not offered and we are not asked to sign them showing our understanding. (See action 2.2.1)
- The staff didn't tell me what the fire alarms were for when I moved in and so I didn't know what to do when they went off. (See action 4.2.1)
- Confidentially is a problem (see action 1.9.1)
- Residents are depressed and need more counsellors (see section 1.4.10).
- If you want to move rooms if you are not getting on with residents its "tough really" (see section 1.4.7.1)

1.4.17 Staff response to residents moving rooms:

It would be possible to move rooms providing all other avenues had been explored to try and overcome the difficulties between each other. We believe that part of becoming independent means dealing with people you may not particularly like however, there are situations where the only sensible option is to create space between certain individuals.

1.4.7.1 Recommendation:

[Ensure that all residents are aware that they may possibly move flats/rooms if the reasons are justified.](#)

1.4.7.1 Recommendation has now been completed, 20/03/09

1.5 Resident Questionnaires

Please see Appendix 2 for a complete report of the questionnaire responses.

1.6 Induction

The Foyer has an Induction Programme that is a combination of Spectrum's and their own. A draft template was provided outlining the elements that were to be covered and this indicated that the induction period would take five weeks. Staff members that have been there for a long period of time did not have evidence of their inductions and it was stated that they had taken place many years ago and were carried out jointly by the Personnel Department and the Foyer Manager at that time.

It was also stated that two staff members are currently being inducted using the template that provided at the desk top.

The review officers received one member of staff's induction whom commenced employment in March 2008. The induction showed that some elements were not signed off, such as Abuse, Risk Assessments and Whistleblowing.

1.6.1 Urgent Action:

Ensure that all new members of staff are inducted in all elements of the induction within the specified time period and that a copy of this is retained on their file.

1.6.1 Action has now been completed, 26/09/08

1.6.2 Urgent Action:

To revise the induction template to include the Eligibility Criteria for The Foyer and an overview of Supporting People and what tasks it covers.

1.6.2 Action has now been completed, 26/09/08

1.7 Stakeholder Feedback

The Supporting People Team received stakeholder feedback from a Registered Social Landlord, referrers, and training providers. Positive feedback was received and suggestions for improvements were put forward. The feedback showed that:

- 100% of stakeholders felt the demand and strategic relevance for this service on the Island is high.
- 60% of stakeholders have contact with the Foyer on a weekly basis.

1.7.1 Stakeholder Comments included:

- The foyer have been a real help during the collaboration between island 2000 trust and the Foyer- this has meant that we feel welcome, supported and well informed in our efforts to provide meaningful, high quality opportunities to the residents. Both the residents & staff have shown a real willingness to approach the idea of widening the opportunities available to residents in a creative, enthusiastic and good humoured way- perfect project partners.
- Young People from various backgrounds and with differing needs are able to gain the necessary life skills for independent living. It is a bridge between dependency and independence. It allows clients opportunities, especially those marginalised within society

- I think both MHA and SWHA need to work and train together a lot more. We both work within the same age range of clients, and sharing knowledge/ideas etc would be beneficial to not only the staff team but the clients we support.
- Further develop effective lines of communication (SWHA)
- Further develop move-on arrangements between services. (SWHA)
- SWHA work well with MHA and find staff enthusiastic to develop joint initiatives and partner working.

1.8 Confidentiality

A Confidentiality, Privacy and Data Protection Policy is in place that was last reviewed in November 2007. The policy makes reference to the Data Protection Act and the rights of the individual. In the policy the Caldicott Guidelines are abided by using the full guidance provided in the policy and there is appropriate guidance given on how information is recorded, stored and retained.

Principle 6 states that personal information shall be processed in accordance with the rights of the individual. Also, service users will be asked to give their consent to the processing of data. Considerations relating to The Data Protection Act of 1998, The Human Rights Act 1998 and the Freedom of Information are clearly stated in the policy.

A Data Protection Leaflet was also supplied that explains to the service users their rights about information that is being stored about them by the organisation.

1.9 Staff Awareness regarding Confidentiality

It is stated that staff attend training sessions every three years which is conducted by the Policy and Compliance Officer and that managers are responsible for ensuring that their staff are up to date with all training sessions. Confidentiality is also raised regularly at staff meetings. In a survey the manager stated that if confidentiality is breached then a disciplinary would be undertaken. Staff also sign a confidentiality agreement as part of their contract of employment.

However, seven residents felt that confidentiality was an issue and stated that when staff were told information about other staff members and residents, the staff then breached confidentiality by discussing these issues with other residents.

1.9.1 Urgent Action:

All staff members are required to abide by Section 11 of the Supporting People contract which states:

All details regarding Service Users are confidential and must not be divulged unless with the evidenced informed consent of the Service User or their Advocate and the Provider must abide by the Authority's Caldicott Guidelines a copy of which is provided as Appendix 4 of the contract, except in the following circumstances:

- 1) when permitted by the Data Protection Act 1998 or other lawful means*
- 2) in the case of an emergency*
- 3) when transferring required information to their Staff or sub contractors who need to be aware of any information concerning the Service User;*
- 4) to either Party or their auditors, an officer of Inland Revenue, and officer of HM Customs and excise, a court of competent jurisdiction, governmental body or applicable regulatory body, legal and professional advisors and any other persons or bodies having a right duty or obligation to know the business of the other party and then only in pursuance of such right duty or obligation.*

Failure to meet minimum standards will be addressed consistent with the terms and conditions of the contract.

1.9.1 Action has now been completed, 26/09/08

1.9.2 Urgent Action:

Ensure that all staff attend training/awareness sessions and are aware of their implications of breaching confidentiality. Evidence of this is required.

1.9.2 Action has now been completed, 26/09/08

1.10 Communication with the Foyer.

The review officers have attempted to contact the Foyer via telephone on five occasions in the last two weeks with no answer. The review officers suggest the Foyer purchase an answering machine.

C1.1 Needs and Risk Assessment

2 Needs Assessment

A Referral and Interview process was provided that sets out how referrals are assessed and processed and it provides guidance stating that the outcomes of assessments are explained to all residents and both successful and unsuccessful applicants. The procedural documents include links to the eligibility criteria and there are clear guidelines available to specify the matching process.

The application form incorporates a brief needs assessment and then a more thorough needs assessment is conducted as part of the Personal Development Plan. The assessment and support planning procedure is stated as an element of the induction, however a written procedure for completing a needs assessment does not exist.

2.0.1 Urgent Action:

To introduce a procedure for carrying out needs assessments and completing the Personal Development plan or alternatively, implement the Isle of Wight Supporting People Assessment Procedure (please see attached template).

2.0.1 Action has now been completed, 26/09/08

2.0.2 Urgent Action:

Once the above action has been completed the Referral and Interview process will need to be updated to reflect the new process.

2.0.2 Action has now been completed, 26/09/08

2.1 The Personal Development Plan & Reviews

The Personal Development plan works as a combined assessment and support plan for the residents this is then used in conjunction with a 3 monthly review document. The personal development plan has an area for resident's comments and has provision for the residents to sign this. The Personal Development plan did not have space for the residents name or a review date and did not include an area to confirm that residents are given (or offered) copies of their Personal Development Plans.

The 3 monthly review document had no space to show that resident's are given (or offered), copies of their reviews. Residents stated that they are never given any information or paperwork that is written about them and that they have to give 24 hours notice to see their files. The documents provided at the desktop did not always reflect what is currently being used on resident's files.

2.1.1 Urgent Action:

Revise the Personal Development Plan to include a space for the resident's name, a review date and to allow provision to show that residents are given (or offered) copies of their Personal Development Plans.

2.1.1 Action has now been completed, 26/09/08

2.1.2 Urgent Action:

Revise the Three Monthly Review to include a space to show that residents are given (or offered) a copy.

2.1.2 Action has now been completed, 26/09/08

2.2 One to One's

The 1 -1 notes provided in the resident's files had a comment's box but it did not show whose comments these were intended for. When the residents have 1-1's information that is written is showed to them however copies are not offered and they are not asked to sign them showing their understanding.

2.2.1 Urgent Action:

To ensure that residents are offered copies of all Supporting People documents.

2.2.1 Action has now been completed, 26/09/08

2.2.2 Action:

To revise the one- to-one paperwork to state who the comments box is intended for.

2.2.2 Action has now been completed, 26/09/08

2.3 Resident's Risk Assessment

A risk assessment was provided however it did not include the elements necessary to meet the standards of the QAF. It was limited regarding the information that it obtained and it did not include environmental factors or lone working. It also did not include provisions for residents to sign, make comments or show that they had been given (offered) a copy, a projected review date or a date of when it had last been reviewed.

There was no procedure in place for completing the resident's risk assessments or a methodology to show how to determine the level of risk. It was discussed during the Review Visit that the Isle of Wight Supporting People template would be considered as a replacement for The Foyer's Risk Assessment.

2.3.1 Urgent Action

To adopt the Supporting People Risk Assessment Template and Minimising and Controlling Risk Guidance or to amend the existing document to include the elements required as stated in section 2.3 and to devise guidance to accompany this.

2.3.1 Action has now been completed, 26/09/08

2.4 Staff awareness

After looking through the training records, it became apparent that not all staff members have received training in Needs Assessment & Support Planning.

2.4.1 Urgent Action

Ensure that training is provided to 4 members of staff, evidence of this will be required.

2.4.1 Action has now been completed, 26/09/08

C1.2 Support Planning

3 Support Planning

All residents have a personal portfolio which is linked with the five outcomes, which they take with them when they move on, to demonstrate what they have achieved while living at The Foyer. They work towards SMART targets which show the outcomes that the resident wants to gain through getting support. When viewing the resident's files they all had an induction procedure checklist in their files.

3.1 Support Planning Leaflet

A "Support Planning at Foyer for the Island" leaflet is provided to the residents, which explains what support planning is, how a support plan is developed what to do if circumstances change and who will see the support plan. This leaflet explains the procedure to follow when a resident disagrees with the outcome of a review. The contact details on this leaflet are out of date.

3.1.1 Urgent Action:

Ensure that all contact information is up to date.

3.1.1 Action has now been completed, 26/09/08

3.2 Resident's Awareness of Entering The Foyer

There is a leaflet entitled "How to Apply" and is given to potential clients, enquirers and referrers although the review officers found that the contact information is out of date. This was discussed at the review and the manager stated that named contact details will be removed

3.2.1 Urgent Action:

To amend the 'How to Apply' leaflet to include up to date contact information.

3.2.1 Action has now been completed, 26/09/08

3.3 Assistance with Move-On

After receiving feedback from residents it became apparent that assistance is not always provided to those who are leaving The Foyer, regardless of whether this is a planned or unplanned move. Although the landlord and the support provider is the same organisation the two functions need to be separated when evictions take place.

3.3.1 Urgent Action:

All residents are entitled to housing related support in connection with moving on from The Foyer. Evidence will be required that this is being applied.

3.3.1 Action has now been completed, 26/09/08

C1.3 Health & Safety

4 Health & Safety

A Health & Safety Policy is in place which includes delegated responsibilities. There is a current and signed Health & Safety Declaration on The Foyer Notice Board in the Reception.

4.1 Reporting Health & Safety Concerns

Request for Repair Forms were available for residents to complete when reporting Health and Safety Concerns and there is a repairs book to log issues and monthly maintenance meetings are held. There is also a Health & Safety complaints form included in the residents handbook.

4.2 First Aid

One staff member is a trained First Aider however there were not any notices advising anyone of this. First Aid boxes were available and maintained. An Accident Reporting tool was available and maintained.

4.2.1 Urgent Action:

To display notices advising who the trained First Aider is

4.2.1 Action has now been completed, 26/09/08

4.3 Fire Alarm System

A Fire Alarm system and evacuation system is in place, it is tested weekly & evacuations take place monthly. Alarms and fire extinguishers are subject to regular testing and they are serviced annually and checked by Wight Fire. A fire evacuation procedure is also included in the resident's handbook and the procedure is explained when the resident first moves in using the induction checklist.

One resident informed the Review Officers that the staff didn't tell them the fire procedure and was not aware of the alarm sound when they moved in and so didn't know what to do when they went off.

4.3.1 Urgent Action:

Ensure all residents are fully aware of the fire procedures on the first day of moving in. This needs to be changed on the resident induction checklist to be completed on the day of moving in.

4.3.1 Action has now been completed, 26/09/08

4.4 PAT Testing

An Inspection programme is in place in respect of Portable Appliance Testing and it is conducted annually, the last inspection was carried out in December 2007.

4.5 Identity Cards

The Spectrum Staff handbook states that all employees will be issued with identity cards that must be worn at all times, when visiting The Foyer, members of staff were wearing their identity cards.

4.6 Lone Working Policy and Procedures

A Lone Working Policy is in place that sets out procedures to minimise the risks to people working alone and is included in the Spinnaker Staff Handbook. Controls are in place to monitor how and when contact should be made. The Policy was last reviewed in 2004. Lone Working is included as an element of the induction programme. However, after receiving feedback from staff, it was difficult to establish that they had a full understanding of the policy and procedure.

4.6.1 Urgent Action:

Ensure that all staff are fully aware of the Lone Working policy. This can be evidenced by showing attendance of an awareness briefing.

4.6.1 Action has now been completed, 26/09/08

4.7 Risk Assessment of Premises

Annual risk assessments to the premises are carried out by Medina Housing Association. Health and Safety checks of the premises are carried out weekly and room Health and Safety checks are carried out monthly. It was stated that they are looking to increase the frequency of carrying out room checks; however it would be advisable to consider the resident's privacy when reviewing this.

4.8 RIDDOR

The staff did not have an understanding of RIDDOR; therefore the Review Officers stated that they would provide them with information. Please see example.

4.8.1 Urgent Action:

To ensure that all staff members have an understanding of RIDDOR and that it is included as part of the Health and Safety training information in future inductions.

4.8.1 Action has now been completed, 26/09/08

4.9 Staff Training

It was stated at the review visit that NVQ Health & Safety training is mandatory for all staff and that training courses are run on a rolling programme which is conducted by the Spectrum Training Team.

After checking the training files, only one member of staff had received Health & Safety training. The review officers also received correspondence from the Human

Resources department at MHA that stated: *“Apparently, we don't have a structured H&S training plan / course for these parts of the organisation. It is under review currently”*

4.9.1 Urgent Action

To ensure that all staff receive Health & Safety training/ awareness. Evidence of this will be required showing that a course has been booked or confirmation of an awareness briefing has been attended by staff members.

4.9.1 Action has now been completed, 26/09/08

4.10 Security in Flats

Responses from questionnaires showed that only 33% of residents stated they always felt safe in their home. This issue will need to be addressed by the staff members.

4.10.1 Urgent Action:

That staff members should discuss why residents are not feeling safe in their flats and attempt to resolve these issues and evidence of this will need to be evidenced in the residents' files.

4.10.1 Action has now been completed, 26/09/08

C1.4 Adult Abuse

5 Adult Abuse

A staff member of Medina Housing Association attended the IOW Multi Agency Safeguarding Adults training however there is no evidence that this information has been cascaded to the current staff members at The Foyer. One staff member stated that she had recently attended a Safeguarding Adults Training Course in Cosham. It was confirmed that they currently follow the Child Protection Policy provide by the Isle of Wight Council, however staff at the meeting were not aware of the Isle of Wight Multi Agency Safeguarding Adults Policy and Procedures 2007. The Review Officers have e-mailed the policy and procedure to the manager as it is a requirement that all Supporting People providers adopt this policy and procedure.

5.0.1 Urgent Action:

The Foyer needs to adopt the Isle of Wight Multi Agency Safeguarding Adults Policy and Procedures and all staff members are required to sign to say that they have read and understood the procedures. This information will then need to be reflected in any leaflets or handbooks produced and through staff training/awareness and induction that takes place. Evidence of this will be required.

5.0.1 Action has now been completed, 26/09/08

5.1 Staff Awareness.

After receiving feedback from staff questionnaires it showed that staff were aware of the types of abuse that can take place but there was no consistency on how staff report any safeguarding issues.

5.2 Residents Awareness

An explanation to the Adult Protection Policy and procedures is included in the resident's handbook & leaflet is available.

5.2.1 Urgent Action:

To revise all resident's information to ensure that it is inline with IOW Multi agency Safeguarding Adults Policy procedure

5.2.1 Action has now been completed, 26/09/08

5.3 Whistle blowing

A "whistle-blowing" policy is in place that provides protocols for use by staff to report concerns about abuse. Protocols are in place to include who to report concerns to and three alternative contacts are given. The Policy demonstrates a commitment to openness and 'no secrets'. It states in the policy that Whistleblowing is part of the induction and staff briefing sessions and it is on the induction checklist. It is also in the Spinnaker handbook however the feedback received from staff members, showed a lack of understanding of the Whistleblowing policy.

5.3.1 Urgent Action:

To ensure all staff members understand the Whistle blowing policy and evidence of this will be required.

5.3.1 Action has now been completed, 26/09/08

5.4 CRB Checks

The CRB policy is outlined in the Spinnaker Staff Handbook and CRB checks are an element in the induction. Human Resources stated that some staff member's CRB checks had not been renewed every three years and were in need of updating.

5.4.1 Urgent Action:

Ensure that 5 staff members have an up to date CRB check carried out. Evidence of this will be required.

5.4.1 Action has now been completed, 26/09/08

5.5 Boundaries

There is a statement of professional boundaries and code of conduct in place which includes procedures to prevent staff and volunteers from personal benefit when working with vulnerable people. The policy is currently in a draft format and although it is being implemented it is going to The Foyer Board for approval on 1st September 2008. Boundaries are an element included on the induction checklist. A full awareness among staff members of the boundaries policy could not be established.

5.5.1 Urgent Action:

Ensure that staff receive an update of the boundaries policy. Evidence that this has been read and understood by staff will be required.

5.5.1 Action has now been completed, 26/09/08

C1.5 Diversity

6 Diversity

The Foyer building is DDA compliant and there are 5 adapted flats with disabled facilities and there is also a lift in the building.

6.1 Eligibility Criteria and Application Policy

The service has a documented Eligibility Criteria and Application Process describing how enquiries and applications are processed, assessed and prioritised. The procedure seeks to ensure that the service user's needs are compared objectively

with the service's eligibility criteria however this procedure is not dated.

6.1.1 Urgent Action:

To date the procedure

6.1.1 Action has now been completed, 26/09/08

6.2 Equal Opportunities, Anti-Discriminatory and Harassment Policies

A policy was provided called 'Equality, Diversity & Inclusion' which covers discrimination. This was updated in December 2007. The policy applies to staff and residents and addresses issues such as accessing the service and employment. No reference is given to any of the relevant legislation in the main policy however the Spinnaker handbook Equality Diversity & Inclusion policy refers to:

- Human Rights Act 1998
- Race Relations Act 1976
- DDA 1995
- Sex Discrimination Act 1975

There is a written Policy covering Anti-Discriminatory practice and Harassment Included in the Equality, Diversity & Inclusion policy and included in the residents handbook. Residents are made aware of the Equal Opportunities Policy, Anti-Discriminatory Practices and Harassment Policies in the Resident's Handbook.

6.3 Recruitment and Selection Policy

A Recruitment & Selection Policy is in place and the procedure to be followed is outlined. There is a detailed recruitment policy and process to be followed by staff members. The policy aims to eliminate discrimination in the recruitment process applied. There is a detailed appraisal policy & guidance in place available for people who carry out appraisals. According to the policy two references must be obtained in respect of every employee / volunteer this is required. After checking the files this was evidenced.

6.4 Cultural and Religious Resources

Residents are provided with guidance about local religious and cultural facilities and information is included in the resident's handbook that informs them about organisations or services for discriminated against groups.

6.5 Staff Awareness

It was stated that Equality, Diversity & Inclusion policy is explained at staff inductions however it was not listed as an element of induction.

6.5.1 Urgent Action:

To add Equality, Diversity & Inclusion as an element to the induction checklist.

6.5.1 Action has now been completed, 26/09/08

It also became apparent from training information provided by MHA Human Resources Department and from questionnaire feedback that not all staff had received the Equality & Diversity training, which was stated to be mandatory.

6.5.2 Urgent Action

To ensure that 5 staff members receive Equality & Diversity training.

6.5.2 Action has now been completed, 26/09/08

C1.6 Complaints

7 Complaints

The Complaints procedure describes the process to be followed in three clear stages. It states who to complain to and describes how to escalate a complaint, with clear timescales. The complaints policy and procedure is included in the resident's handbook. The Appeals Process is referred to in respect of complaints in the resident's handbook.

A complaints & Appeals form is used to record issues. The log provides a breakdown of the outcomes/conclusions reached, together with the actions taken and the time taken to respond at each stage.

The complaint policy did not make reference to the Supporting People leaflet or state that staff and residents can make a complaint to the Isle of Wight Supporting People Team. After discussing the Complaints Leaflet details with the Foyer it was decided that the County Court section would be deleted.

7.0.1 Urgent Action:

To ensure that reference is to the Supporting People complaints leaflet.

7.0.1 Action has now been completed, 26/09/08

7.0.2 Urgent Action:

Ensure that Supporting People is added as an independent body to which clients and residents can make a complaint to and the County Court details are deleted.

7.0.2 Action has now been completed, 26/09/08

7.1 Resident's Awareness

The complaints procedure is clearly stated in the resident's handbook and what to do if residents are unhappy with the outcome. In the handbook is also makes reference to a complaints leaflet which is available in the reception area.

After speaking with residents and receiving feedback from the questionnaires only 5 residents remember receiving a handbook which explains the complaints process, but the majority of residents knew that they could make a complaint to MW if they needed to.

7.1.1 Urgent Action:

Ensure that all residents have received information about making a complaint. Evidence of this will be required (for example asking the resident to sign to confirm they have received guidance and it has been explained to them).

7.1.1 Action has now been completed, 26/09/08

7.2 Staff Awareness

From the feedback received staff were aware of the complaints policy and were confident in dealing with complaint

Quality Assessment Framework	Self Assessment	Grading at Review Jul 08	Grading after 6 months Mar 09
C 1.1 Needs & Risk Assessment	C	D*	C
C 1.2 Support Planning	C	D*	C
C 1.3 Health & Safety	C	D*	C
C 1.4 Adult Abuse	C	D*	C
C 1.5 Diversity	C	D*	C
C 1.6 Complaints	C	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.....