



## **Contract and Service Review Report:**

### **Provider: Islecare**

Services included under the review:

1 Heath Road  
17 Newport Road

Review Date: 5<sup>th</sup> & 7<sup>th</sup> February, 2008

Review Officers: Alison Flood and Keily Proctor

This report was e-mailed to Provider:	29 <sup>th</sup> February 2008
The report was discussed with provider:	7 <sup>th</sup> March 2008
4 Week Action Plan Review:	27 <sup>th</sup> March 2008
6 Month Action Plan Review:	8 <sup>th</sup> August 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

Islecare is part of the large organisation, Somerset Care Group. Islecare currently operates 13 residential homes and have 2 supported accommodation services which are funded by Supporting People, on the Island.

The Review Officers visited both properties, and found them both homely and relaxed.

### 1.1 The Clients

The Review Officers offered all clients an opportunity to either speak to them or to fill in a questionnaire. The Review officers spoke to three clients and one client completed the questionnaire.

Overall the client's spoken to felt respected and listened to by staff. They were aware of their files and support plans and knew to speak to their support worker if they had a complaint.

### 1.2 The Staff

A Personal Development Portfolio was provided which was a recording tool for all the training that staff undertake and knowledge and skills that they acquire. It clearly outlines an induction programme and outlines the protocols to be followed while undertaking this induction programme.

The Review Officers spoke to two members of staff and sent out questionnaires to the remaining five. The team have received two completed questionnaires by post to date. The staff members that were spoken to, felt respected and valued by Islecare, however not all staff had a clear understanding of Supporting People.

**Please see Appendix 1 for detailed results.**

Only one contract of employment was shown to the review officers which demonstrated that a confidentiality agreement had been signed.

#### 1.2.1 Urgent Action

**Provide evidence that a confidentiality agreement has been signed by all members of staff.**

**1.2.1 The above action has now been completed – 27/03/08**

### **1.2.2 Urgent Action**

Ensure that staff read the Supporting People Eligibility Criteria which guides staff on what can and can't be carried out within the Supporting People remit, and that copies of the Supporting People Newsletter (S.P.I.N.) are made available to staff.

**1.2.2 The above action has now been completed – 27/03/08**

### **1.2.3 Urgent Action**

Staff need to be re-inducted when they move from a Care Home to supported lodgings to emphasise the difference between care and support, provide adequate handover and ensure that all training is up to date. Evidence of this will be required to be recorded on staff files.

**1.2.3 The above action has now been completed – 27/03/08**

## **1.3 Stakeholder Feedback: For the full results please see Appendix 2**

The Review Officers sent out letters for Stakeholder feedback and have had five responses relating to both Heath Road and Newport Road.

60% of the stakeholders thought that the working relationship between the two organisations was very good.

80% of the stakeholders believed the demand for this type of service on the island is high.

60% of the stakeholders believed the service's relevance to the needs of the Island is high.

### **1.3.1 Some comments made by stakeholders included:**

"I do not believe there are any particular issues from a care management perspective. In fact the 2 homes mentioned are well thought of by my staff."

"An excellent provision of supported living" (referring to Newport Road).

The Review Officers contacted xxxxx, CSCI Inspector, for Domiciliary Care, which Heath Road & 17 Newport Road is also part of. xxxxx has recently carried out an inspection of Islecare and reported that the clients when spoken to seemed happy. xxxxx stated that as part of their criteria, assessments and plans are required but these do not need to be separate from Supporting People elements. xxxxx stated that as long as a record is maintained this is sufficient.

## Part 2

### **C1.1 Needs and Risk Assessment**

**At the validation visit, two client packs were provided. For the purpose of this report the review officers have used the Supporting People Pack.**

#### **1.0 Needs Assessment**

A combination of needs assessments forms are being utilised which includes: the Initial Assessment, The Moving and Handling of People Assessment and the Supporting People Client Needs Assessment. These assessment tools are appropriate to the service user group, however there was no supporting document that demonstrated the process employed and how each of these forms fitted within this process. Consideration should be given regarding having three separate forms.

It was stated that needs assessments are carried out by senior management and although it is not an element in the induction, that staff are aware of the process.

The assessment is carried out with the client and management stated that any disagreements will be resolved verbally before recording the information. A signature is required after the assessment to confirm the clients has agreed to the outcome.

After speaking to staff at both Heath Road and Newport Road, it was agreed that staff needed a greater understanding of the Needs Assessment and review process and the rationale behind the key elements.

After looking through client files, it was apparent that not all files contained a copy of an initial assessment that had been carried out; this is due to the clients being transferred over from Transitional Housing Benefit (THB) in 2003. Since then, no evidence was provided to demonstrate that an assessment had been reviewed.

##### **1.0.1 Urgent Action:**

**The THB clients need to have an up to date assessment carried out, which will then need to be reviewed annually for all clients, all historic client records should also be made available on files.**

**1.0.1 The above action has now been completed – 27/03/08**

Clients keep copies of their files in their homes and the review officers were able to obtain these, a further copy is kept at the head office but they were not up to date.

### **1.0.2 Recommendation:**

To ensure that files in the office and the client's homes are complete and kept up to date.

**1.0.2 The above recommendation has now been completed – 27/03/08**

### **1.0.3 Recommendation:**

Relevant staff should attend the future Supporting People Assessment and Support Planning training events, dates are to be arranged.

**1.0.3 Future dates will be distributed to Islecare**

### **1.0.4 Urgent Action:**

A procedure needs to be developed that sets out the assessment and review process this procedure also needs to describe how client's views are incorporated in the process.

**1.0.4 The above action has now been completed – 27/03/08**

### **1.0.5 Urgent Action:**

This procedure needs to be reviewed at least every five years or more frequently if required by external factors. Please ensure that this is evidenced by a version number and review date.

**1.0.5 The above action has now been completed – 27/03/08**

### **1.0.6 Urgent Action:**

The procedure needs to be added to the induction process and communicated to existing staff for their information. For current staff they will need brief training about the assessment and review process, evidence of this will be required. It should include an explanation of the process employed and how this leads to the development of the Support/Care Plan to be followed.

**1.0.6 The above action has now been completed – 27/03/08**

## **1.1 Risk Assessments**

Two risks assessments were provided, one was a general customer risk assessment, which individually assesses each separate risk, and the other is a risk assessment checklist entitled Care at Home.

Although the Risk assessment form provides an annual review date this was not evidenced in all of the client files. It was stated that monthly reviews of the client are undertaken but this was not provided within the template file.

### **1.1.1 Urgent Action:**

To include previous Risk Assessments in the client files or evidence that monthly reviews consider the risks of the client.

**1.1.1 The above action has now been completed – 27/03/08**

### **1.1.2 Recommendation:**

The two Risk Assessments should be condensed into one comprehensive assessment and again for the staff to attend the Supporting People Assessment & Support Planning training and that a summary of any risks be placed at the front of the pack.

**1.1.2 The above recommendation has now been completed – 27/03/08**

Risk assessment procedures are covered during induction in the Health & Safety Pack, during the training; scenarios were given to staff to complete the exercise to ensure staff understanding.

### **1.2 Training:**

Management were unable to show the Review Officers staff's personnel files or training certificates. A copy of a training database was provided; however this information was not up to date. Instead questions were answered regarding various staff information. This made it difficult to verify the information contained on the files. The Review Officers were unable to establish whether staff undertaking reviews are experienced in working with those needs most commonly encountered amongst prospective clients.

It was stated that assessments and reviews were carried out by more than one member of staff. It was difficult for Review Officers to validate this due to the lack of reviews/assessments in the client files.

### **1.2.1 Urgent Action:**

The Review Officers to obtain staff files for validation on four week visit to clarify the above requirements.

**1.2.1 The above action has now been completed – 27/03/08**

## C1.2 Support Planning

### 2.0 Support Planning

There are individual support plans in place, which address the needs and risks that have been identified. The support plan includes a space for the name and signature of the person carrying out the plan and for the client/their representative and the clients keep a copy of their plans in their homes, therefore it is always accessible.

It was stated that the clients also have a Participation and Presence Pack which identifies clients' aspirations and participation in various areas.

After looking at the clients files no evidence was given on how the links between assessment and Support plan are made, due to some clients not having assessments on file

#### 2.0.1 Urgent Action

To ensure that client files show that clear links have been made between the assessment and the support plan and show a chronological sequence of support since the initial assessment.

**2.0.1 The above action has now been completed – 27/03/08**

## C1.3 Health & Safety

### 3.0 Health & Safety

A Health & Safety Policy manual exists which was reviewed and updated in January 2007. There was no guidance regarding disabled workers, therefore an example of Health and Safety guidance regarding disabled workers was provided for consideration.

#### 3.0.1 Urgent Action:

Guidance regarding disabled workers needs to be included in the Health & Safety Manual this information will then need to be cascaded to the staff, evidence of this will be required.

**3.0.1 The above action has now been completed – 27/03/08**

### **3.1 Health and Safety Training**

Health and Safety is covered in the Induction process and it was stated that annual awareness courses are carried out. Health & Safety is also included in the staff handbook. The Review Officers checked the staff training records provided and the actual training information on the database was blank; however the dates had been entered for when Health & Safety needed to be refreshed.

#### **3.1.1 Urgent Action:**

To provide evidence that Health & Safety courses have been attended and to up date the training database, to show courses that have been attended.

**3.1.1 The above action has now been completed – 27/03/08**

### **3.2 First Aid Training**

It was stated that all staff attend the appointed person's course and this is refreshed on an annual basis, however one training record stated that a staff member attended an Appointed Persons Course in 2004 and is not due to attend this course again until 2010. The actual training information on the training record database was blank, however the dates had been entered for when The Appointed Person's course needs to be refreshed.

#### **3.2.1 Urgent Action:**

To provide accurate evidence that Appointed Persons courses have been attended and to update the training database accordingly.

**3.2.1 The above action has now been completed – 27/03/08**

### **3.3 Suitable and Safe Premises**

There is a current and signed Health & Safety Declaration in the main office and there were two First Aid boxes, which are maintained. Accident Books were available and maintained in the main office and at 17 Newport Road. Communication books are kept in the homes and any issues are reported to the office. There is also a maintenance request form. The Support Worker at Heath Road could not locate an accident book and stated that she was not aware where all documents were kept due to her only just commencing employment at Heath Road.

#### **3.3.1 Urgent Action**

When staff begin employment at new premises they need made fully aware of all emergency procedures to ensure their own and the service users safety. Evidence will be required of a handover procedure. (This links in with 1.2.2).

### **3.3.1 The above action has now been completed – 27/03/08**

## **3.4 Fire Alarm System**

Fire Alarm systems and evacuation/emergency systems are in place for all three premises. Alarms and Fire extinguishers are subject to regular testing on a weekly basis, although there was no record at Heath Road. It was stated that Graeme Burnett had emailed this information, but The Review Officers have not received confirmation to date. Servicing of the equipment is carried out by Wight Fire & Jerry Westbrook.

### **3.4.1 Urgent Action:**

To provide fire records for Heath Road.

### **3.4.1 The above action has now been completed – 27/03/08**

### **3.4.2 Urgent Action:**

All records and logs of testing /servicing needs to be obtained in Heath Road and an accident book is also required.

### **3.4.2 The above action has now been completed – 27/03/08**

## **3.5 PAT Testing**

Portable Appliance Testing is carried out by the Maintenance Team within Islecare

## **3.6 Identity Cards**

It was stated that all staff are provided with Identity Badges and evidence was shown in the office of the template used, however the staff that were met did not have them on display.

### **3.6.1 Urgent Action:**

To ensure that all staff display their identity badges if they are required to do so.

### **3.6.1 The above action has now been completed – 27/03/08**

## **3.7 Lone Working Policy and Procedures**

A policy was provided that sets out to minimise the risks to people working alone. Also provided were separate appendices that set out the procedures for safety in the car and on foot. Lone working is included as an element of the risk assessment. Guidance is included in the induction process and in annual refresher courses.

### **3.7.1 Recommendation:**

A review date needs to be recorded on the policy.

### **3.8 Risk Assessment of Premises**

Records showed who carried out the inspection, the key findings and the resultant actions that were taken to either resolve or minimise the risks identified. These assessments are carried out on an annual basis.

### **3.9 Emergency Call-Out Procedures**

Although there is sleep-in staff at both of the properties there is also an on-call procedure if staff need to contact someone. This is distributed to staff on a monthly basis.

### **3.10 Client Awareness**

The client's guide states that there is a Health and Safety policy available but does not provide an explanation.

#### **3.10.1 Urgent Action:**

To provide information in the service user's guide that provides guidance relating to Health & Safety

**3.10.1 The above action has now been completed – 27/03/08**

<b>C1.4 Adult Abuse</b>
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### **4.0 Adult Abuse**

The Protection from Abuse Policy was revised in Jan 2006, however it is currently being rewritten in line with Isle of Wight Multi-Agency Safeguarding Adults Policy. The current policy states that the manager must ensure that all carers receive appropriate training on understanding abuse, how to deal with abuse situations and about understanding the indicators of possible abuse. There are documented procedures that seek to avoid and respond to instances of actual or suspected abuse or neglect, although the 3 flow charts that the procedures referred to, were not provided. The policy outlines eight different forms of abuse.

Adult Protection Awareness is an element that is covered during induction and the training records template indicates that this element is refreshed annually. Training records that had been printed off the training database were inaccurate and permission was not granted to look at staff files in order to verify training received.

#### **4.0.1 Urgent Action:**

To provide evidence that Adult Abuse courses have been attended and to update the training database to show which courses have been attended.

**4.0.1 The above action has now been completed – 27/03/08**

#### **4.0.2 Action:**

To ensure that the new policy, is in line with The Multi-Agency Safeguarding Adults Policy, 2007. Relevant staff should attend the training organised by the Isle of Wight Council, training dates will be distributed in the near future.

### **4.1 Criminal Record Bureau**

As stated in The Criminal Records Bureau and Disclosure Section of the Code of Practice on Recruitment and Selection: all applicants are advised of the requirement of an enhanced disclosure on the application form they complete and they must have the checks before commencing as a support worker.

#### **4.1.1 Urgent Action**

To ensure that all staff members have a CRB & POVA check carried out on them every 3 years. Evidence will be required that this is being processed. (Contract - Appendix 6 Section 1)

**4.1.1 The above action has now been completed – 27/03/08**

### **4.2 Whistle blowing**

A Whistle Blowing policy is in place (Confidential Reporting Policy) that provides protocols for use by staff to raise concerns within the company rather than overlooking a problem and whistle blowing is an element that is covered in staff induction.

The procedures outline who employees should raise concerns with and how this should be conducted. The policy also states that if the employees fail to receive a satisfactory response that they should be aware that they can bring matters to the attention of the appropriate Care Manager at the local Social Services office or alternatively the Care Standards Commission.

The policy states that the company will not tolerate harassment or victimisation of employees who raise a concern in good faith and will ensure that all concerns are treated in a confidential manner and endeavour to protect the anonymity of the persons reporting their concerns. The policy links to abuse elements.

#### **4.2.1 Recommendation:**

[The Whistle Blowing Policy needs to be reviewed in March 2008.](#)

**4.2.1 The above recommendation has now been reviewed – 15/08/08**

### **4.3 Recruitment and Selection**

A practical guide in the form of a recruitment and selection manual was provided which set out clear guidance through all the stages of the recruitment and selection process. Job specification, person specification and essential criteria are all referred to in this manual.

References should be obtained on all candidates before the interview, unless the candidate has specifically requested otherwise. The guidance states that offers of employment can only be carried out if references have been received. The Review Officers were unable to see the staff references to verify this.

#### **4.3.1 Urgent Action:**

[Islecare are required to provide evidence that references have been obtained](#)

**4.3.1 The above action has now been completed – 27/03/08**

### **4.4 Recording Information.**

A log is maintained to record all complaints or concerns about abuse made by either the service user or a member of staff. This log is sufficiently detailed and is intended to capture the detail of what resultant actions were taken and the timeframe within which they were taken to investigate the complaint or concern. There is also a section to detail of the outcome for each investigation and actions taken in response to the findings made.

### **4.5 Client Awareness**

The Review Officers spoke to three clients, who stated that they all felt confident in reporting something to the staff if they felt unhappy with anything. The Review Officers felt that this may not be appropriate in all cases and even though an external number for Adult Services is given to clients on the “Unhappy with Something at

Islecare Pack”, it was not mentioned by the clients.

#### **4.5.1 Urgent Action:**

To ensure that a contact telephone number for Adult Services is given again to the clients, this could for example be clearly marked on the client’s file or the clients could be reminded about their complaints pack.

**4.5.1 The above action has now been completed – 27/03/08**

#### **4.6 Boundaries**

The Professional Boundaries Policy was issued in April 2007 and it lays down the principles and values underlying the approach to professional boundaries in relationships with clients and their relatives, friends, visitors and representatives.

There is also a Code of Practice which is signed as part of the induction training. A Customer Property and Finances Form is utilised to ensure that staff are not placed in difficult positions in relation to being asked to accept gifts by clients.

#### **4.7 Risk Assessment**

The client vulnerability section on the Risk Assessment is very broad. Also, there is no guidance that accompanies any form relating to how risks can be minimised (known as a Risk Assessment policy).

##### **4.7.1 Recommendation:**

This should be expanded to cover all elements of abuse.

**4.7.1 The above recommendation has now been completed – 27/03/08**

##### **4.7.2 Urgent Action:**

Guidance needs to be devised relating to how risk are minimised.

**4.7.2 The above action has now been completed – 27/03/08**

## **C1.5 Diversity**

### **5.0 Diversity**

Islecare staff seemed familiar with the latest legislation and best practice relating to their obligations under Disability Discrimination Act. Islecare would be able to offer ground floor accommodation and provide ramps in the Heath Road property if this was required, however to date no specific adjustments have been made.

## **5.1 Eligibility Criteria and Application Policy**

Islecare has a documented Eligibility Criteria and Application Process and these are written in easy to understand language, a prioritisation process is not currently documented.

### **5.1.1. Urgent Action:**

To add a prioritisation process to the eligibility criteria and this information then needs to be cascaded to staff members, evidence will be required.

**5.1.1 The above action has now been completed – 27/03/08**

## **5.2 Equal Opportunities**

There is a written policy covering Equal Opportunity. The policy covers discrimination on grounds of gender, age, religion, disability, nationality and sexuality, which includes how this relates to clients. However, the Employment Equality (Age) Regulations 2006 and any subsequent amendments were not referred to.

The policy was updated in December 2007, however it does not show a version date or number.

### **5.2.1 Urgent Action:**

The Employment Equality (Age) Regulations 2006 and any subsequent amendments need to be incorporated into the policy and this information needs to be cascaded to staff, evidence will be required.

**5.2.1 The above action has now been completed – 27/03/08**

### **5.2.2 Urgent Action:**

When the policy is revised a version number or date needs to be added to the policy.

**5.2.2 The above action has now been completed – 27/03/08**

## **5.3 Anti-Discriminatory and Harassment Policies**

There was not a written document that states it is an Anti-Discriminatory practice and Harassment policy, however it was reported that elements of this policy are covered in the Bullying and Grievance policy (which needs to be updated). An example of the IWC Harassment at Work policy was provided for guidance at the validation visit.

### **5.3.1 Urgent Action:**

A policy needs to be devised covering Anti-Discriminatory Practice and Harassment.

**5.3.1 The above action has now been completed – 27/03/08**

## **5.4 Induction and Training Programmes**

The Equal Opportunities, Anti-Discriminatory and Harassment are included as a part of staff training. Although following a review of the staff training database, it would appear that no refresher training has taken place in some elements.

### **5.4.1 Urgent Action:**

As stated previously, all elements of training needs to be entered onto the training database and kept up to date.

**5.4.1 The above action has now been completed – 15/08/08**

## **5.5 Cultural and Religious Resources**

The Review Officers had a discussion with the support workers about the idea of developing an information pack with details of local religious and cultural amenities that the clients could use if they wanted to contact such organisations.

### **5.5.1 Urgent Action:**

To see if the clients would like to develop an information pack with details of religious and cultural amenities and record the outcome in their support plans.

**5.5.1 The above action has now been completed – 27/03/08**

## **C1.6 Complaints**

## **6 Complaints**

There is a Complaints Policy and Procedure in place which is very clear regarding the process that should be followed when making a complaint. The policy states that the complaint can be passed on to CSCI if the complainant is not satisfied with the outcome. Islecare comply with the CSCI body and reference is made to this in the policy, however if the complaint is regarding a Supporting People issue, the complainant should refer to the Supporting People complaints leaflet. The Policy was last reviewed in April 2007.

### **6.0.1 Urgent Action:**

The policy needs to be updated to make reference to Supporting People complaints policy (Please see attached leaflet Appendix 3).

**6.0.1 The above action has now been completed – 27/03/08**

## **6.1 Appeals Process**

There is appropriate reference made to an Appeals Process for use by clients in respect of outcomes to assessments and reviews as well as complaints.

## **6.2 Complaints Log**

Written records are maintained of complaints made against the service. The log provides a breakdown of the outcomes reached, together with the actions taken and the time taken to respond at each stage applied.

## **6.3 Client Awareness**

Clients receive a welcome pack when they move in and join the service, included in this is a Compliment & Complaints feedback form and details of the procedure if the service user is unhappy. There is also a flow chart which is easy to understand which outlines who the clients can contact.

After speaking to some clients, they stated that they felt confident in complaining if they felt the need to. One client stated that they had previously made a complaint, and was happy with the outcome.

<b>Quality Assessment Framework</b>	<b>Self Assessment</b>	<b>Site Visit Grading</b>	<b>Current Grading August 2008</b>
C 1.1 Needs & Risk Assessment	<b>C</b>	<b>D</b>	<b>C</b>
C 1.2 Support Planning	<b>C</b>	<b>D</b>	<b>C</b>
C 1.3 Health & Safety	<b>C</b>	<b>D</b>	<b>C</b>
C 1.4 Adult Abuse	<b>C</b>	<b>D</b>	<b>C</b>
C 1.5 Diversity	<b>C</b>	<b>D</b>	<b>C</b>
C 1.6 Complaints	<b>C</b>	<b>D</b>	<b>C</b>

Review Officer .....  
 Alison Flood

Review Officer .....  
 Keily Proctor

Date.....

**Authorised by**

Manager.....  
 Paul Bakewell

Date.....