



Contract and Service Review Report:

Provider: Ryde House LLP

Review Date: Friday 4th 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

6 Month Action Plan Review: Friday 20th March 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

Ryde House is an organisation which is owned by Mr & Mrs Clewley. There are properties across the Island which are both residential and supported lodgings. Newton Gardens which is funded by Supporting People accommodates four clients with Learning Disabilities. The unit is managed by Dawn Wilby.

1.1 The Service Users

The review officers spoke to two clients whilst visiting Ryde House and they both seemed to be happy living at Newton Gardens. Please see Appendix 1 for a complete report of the responses.

1.2 The Staff

Supporting People received feedback either by questionnaire or by an informal chat from 5 members of staff.

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

1.2.1 Comments made by staff

- Good job and good staff team.
- Run really well.
- Always solution for everything.
- A lot of staff support.
- Nice group of people and you don't feel on your own.

After looking through the staff files, evidence was not provided to show that staff have signed a Code of Conduct.

1.2.2 Urgent Action:

To ensure that all staff have signed a Code of Conduct.

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

1.3 Induction.

Staff are provided with Common Induction Standards. The induction period lasts for up to 12 weeks, where staff are assessed to ensure understanding of what has been learnt. When the induction is complete the staff member will be on the way to meeting many of the knowledge requirements for the core units of NVQs in Health & Social Care. Standard 1 in the induction relates to the Principles of Care and refers to care throughout the booklet. There is little reference to Supporting People and

Housing Related Support. When looking through staff files, only one member of staff had an Induction checklist.

1.3.1 Urgent Action:

The Induction needs to include elements regarding Supporting People and Housing related Support, Needs Assessments, Risk Assessments and reviews.

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

1.3.2 Urgent Action:

To ensure that completed Induction checklists for staff are made available to the Review Officers.

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

1.4 Stakeholder Feedback:

The Supporting People Team received feedback from three stakeholders regarding Newton Gardens. Some of the comments were negative, details of which are below:

- 100% believed the quality of the service was low.
- 34% believed that there was not enough contact with the client.
- 66% believed the relationship between themselves and staff members were poor.

The Supporting People Team also asked what changes they would like to see, and below are the responses from all three stakeholders:

- I would make sure staff are available when tenants need them and not a set rota. Staff need better understanding of their roles & responsibilities.
- Hours need to be customised to individual need and individual engaged appropriately to ensure hours delivered.
- The hours are not customised to the individual and the tenants are not approached appropriately and tenants are not engaging.

Although the Review Officers have seen documentation that the allocation of hours is 21 per week, it was difficult to establish the actual hours of support that are being delivered. This is an action further on in the report. Further to the negative comments, the Stakeholders did believe the demand for this service was high and so was the strategic relevance to the island.

1.5 Confidentiality

Ryde House has a Confidentiality Policy which protects the rights of the tenants. It states that it has a duty of confidentiality to its tenants. The home fully complies with Standard 10 – Confidentiality of the national minimum standards for Care Homes for Younger Adults.

Ryde House believes that access to information and security and privacy of data is an absolute right of every tenant and that they are entitled to see a copy of all personal information held about them and to correct any errors or omissions on it. The procedure provides guidance on how information is stored and recorded.

All files or written information of a confidential nature, are stored in a secure manner in a locked filing cabinet and are only accessed by staff that have a need and right to access them. Information will only be given to those who absolutely need to know and wider issues of confidentiality of that information will still apply.

After looking through staff we could not see evidence of staff signing a confidentiality agreement.

1.5.1 Urgent Action

To ensure that all staff sign a Confidentiality Agreement.

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

1.6 Business Recovery Plan

As a large organisation with properties across the Island, Dawn stated that re-housing tenants in the event of an emergency would not be an issue; alternatively Ryde House would arrange B &B or hotels in the area. This information needs to be put into a written Contingency Plan.

1.6.1 Urgent Action:

To write a short Business Recovery Plan which explains the above process.

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

1.7 Supervision

Supervision is carried out every two months and Dawn is in charge of maintaining and organising training for all the staff at Ryde House.

1.8 Withdrawal of Support

Ryde House works with the Care Managers to arrange withdrawal/move on arrangements. Although Ryde House have developed an Exit Questionnaire in relation to tenants leaving the service, a policy needs to be developed.

1.8.1 Urgent Action:

A policy needs to be developed explaining the arrangements of withdrawal of support and move on. The exit questionnaire can be incorporated into this policy.

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

1.9 Business Plan.

A business plan was required but is still outstanding

1.9.1 Urgent Action:

To provide an up to date Business Plan.

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

1.10 Criminal Records Bureau.

All staff have had CRB checks carried out although two staff members checks need to be renewed.

1.10.1 Urgent Action:

To ensure that 2 staff members have a new CRB check carried out.

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

C1.1 Needs and Risk Assessment

2 Needs & Risk Assessment

There is a comprehensive referral and admissions policy included in the service user's guide however it is not dated. There is also a documented procedure that specifies how referrals are processed and assessed. This includes a needs assessment and refers to a social report; however it does not specifically refer to a risk assessment. Section 2 links to and describes the eligibility criteria and there are

clear guidelines available to specify the matching process.

There is an assessment tool in place which refers to communication, using money, shopping skills, safety awareness, life skills, social and personal skills, leisure/play, moving around. An assessment methodology was not provided; the review officers discussed this with Dawn and recommended that they adopted the Supporting People template that was provided.

2.0.1 Urgent Action:

To include dates on the above documents.

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

2.0.2 Urgent Action:

To develop a methodology and procedure on assessments or alternatively to adopt the Supporting People template.

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

The Supporting People Team received the Service User Assessment tool, but this seems to link more so to Care elements, there is not any reference to Housing Related Information.

2.0.3 Urgent Action:

To adopt the Supporting People template assessment tool or amend the existing one to make reference to Supporting People functions.

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

2.1 Risk Assessment

The Risk assessment tool was provided to the team which included guidance on how risks identified can be minimised. All tenants have had a Risk Assessment carried out.

2.2 Assessment Outcomes

There is no procedure that includes guidance regarding what should be done if a prospective tenant disagrees with any outcomes of an assessment or review.

2.2.1 Urgent Action:

A procedure needs to be developed to include guidance for when a client disagrees with any assessment or review. Alternatively this is in the Supporting People template and could be adopted by Ryde House.

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

C1.2 Support Planning

3 Support Planning

A Support Plan template was provided at the desktop stage, which had no provision for the tenant signing to say they agree with the plan, that they have been offered a copy or they can express their own comments. Dawn advised on the review visit that Ryde House are now using the Supporting People Support Plan template that was provided.

When looking through the Support Plans, it was very difficult to determine the hours actually spent on Housing Related Support with the tenants.

3.0.1 Urgent Action:

Evidence is required regarding the delivery of 84 hours per week of housing related support. This must be provided in a form of diary entries in the tenants plan and a separate diary will be required for the support workers to complete for a period of one month, which clearly demonstrates the housing related tasks and the time taken to provide them.

3.0.1 Action has now been completed, 20/03/09

3.1 Tenants Awareness

After speaking with the tenants it was apparent that they are aware of a support plan and that they can have access to their files at anytime.

3.2 Initiating Reviews

There is not a procedure in place that states that reviews can be initiated at the request of tenants.

3.2.2 Action for Level B

To develop a procedure or alternatively adopt the Supporting People template which explains this.

3.2.2 Recommendation has now been completed, 26/09/08

3.2 Staff Awareness.

Although 80% of staff stated they had received training/awareness in support planning, it is essential that all staff are aware of this function

3.2.1 Urgent Action:

To ensure that all staff are aware of the Support Planning process and evidence is provided to show this training has taken place.

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

3.3 Interagency Liaison:

There is joint working with the Learning Disabilities team although there seems to be some confusion with the allocation of hours as stated earlier in the report. There is also interagency liaison with No Barriers and Haylands, again evidence of this is required.

3.3.1 Action for Level B

To ensure that any feedback, that is given from a review or service planning to key agencies is written down and can be evidenced.

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

C1.3 Health & Safety

4. Health & Safety

A very comprehensive Health & Safety Manual was provided which clearly outlined the delegated people with Health & Safety responsibilities, although the page numbers did not correspond with the contents page. There is a current Health & Safety declaration displayed in the office.

The policy statement states that it Ryde House's policy is to promote the highest standards of Health & Safety to prevent their tenants, employees and visitors suffering accident or ill health.

A Communicable Disease & Infection Control Policy was provided which made reference to RIDDOR and COSHH and explains the reporting procedures for this.

4.1 Staff Awareness

The Health & Safety section in the staff handbook refers to Health & Safety Welfare and Hygiene which covers safety, hygiene, food handlers and alcohol and drugs.

The induction relates to current Health & Safety legislation in staff member's work settings and explains the Health & Safety responsibilities of staff, the employer and the tenants. The induction covers elements of the Health & Safety policy and procedure including Fire Safety, Emergency First Aid, Moving & Handling, Hazardous Substances, Security etc

4.2 First Aid

All staff have received first aid training. First Aid boxes are maintained in the hallway and an accident book is available for staff and tenants.

4.3 Fire Alarm System

A Fire Alarm system is in place with an assembly point. Fire Extinguishers and the panel are serviced on an annual basis and a fire log is completed weekly each time the fire alarm is tested.

An Evacuation procedure is in place which staff and tenants are aware of. One staff

member stated that there is currently training taking place to ensure that there is a fire marshall in each home.

4.4 PAT Testing

PAT testing is carried out on the communal areas annually but it is not compulsory for the tenants to have their own electrical equipment tested.

4.5 Lone Working Policy and Procedures

The policy states that the safety of both the tenants and the staff member is paramount and Ryde House is committed to minimising the risk of Lone Working for its employees, however there was not a review date on the policy. Lone Working is covered during induction programme.

4.5.1 Recommendation:

[That a review date is added to the Lone Working Policy.](#)

4.5.1 Recommendation has now been completed, 26/09/08

4.6 Health and Safety Inspections

Roger Cable who co-ordinates the Health & Safety Policy is currently auditing all the Ryde House homes, and is producing a report with recommendations. There was no evidence that tenants form part of this process.

4.6.1 Action for a Level A:

[To provide evidence that tenants are included in the review of Health and Safety and security policies and procedures.](#)

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

4.7 Risk Assessment for the Premises

A very comprehensive risk assessment methodology was provided. A template was provided for an office risk assessment, an environmental assessment and a stress risk assessment which is carried out annually.

4.8 Emergency Call-Out Procedures

After speaking to two tenants, they were both aware about the arrangements for out of hours contact.

4.9 Tenants Awareness

The Health & Safety policy is included in the Service User's guide, although this information is not included in the same format as the Tenants Rights booklet. A document was provided called "My Personal Safety" which outlines safety aspects for the tenants both inside and outside of the home including fire procedure, security and safeguarding adults.

Health & Safety concerns are logged by tenants by using a Maintenance Card this is then passed onto the maintenance team within Ryde House to carry out the works. The card is then signed to confirm work has finished and this is explained in the Service Users pack.

C1.4 Adult Abuse

5 Adult Abuse

Dawn attended the Isle of Wight Multi-Agency Safeguarding Adults Practice Guidance (Revised 2007) course. Recognise & Respond to Abuse & Neglect is a very comprehensive section in the induction, however this needs to be revised to ensure that it is inline with Isle of Wight Multi-Agency Safeguarding Adults Practice Guidance (Revised 2007). The staff members have also received Adult Abuse training, although one staff member needs an update and Dawn Wilby has been on the Train for Trainers course.

5.0.1 Urgent Action:

To ensure that the staff member has up to date training.

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

5.1 Whistleblowing

There is a Whistleblowing Policy in place which provides protocols for staff to report concerns about abuse. The protocols identify the process for reporting concerns and to who to report the issues to and the appropriate independent agencies are listed which include: The IOW Supporting People Team and The Union and Public Concern at Work, however there is no phone number for the Supporting People Team. There was no version number or date on the policy. Whistle blowing forms part of the induction programme.

5.1.1 Urgent Action:

A phone number for the Supporting People team would be beneficial and a version

number & date needs to be added.

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

5.2 Recording Information.

An Incident Form is maintained to record all complaints or concerns regarding abuse, this form needs to be updated to include to elements stated in the below action point.

5.2.2 Urgent Action:

The following needs to be added to the form:

- The detail of what resultant action/s was taken
- 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.

Alternatively an example has been provided.

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

5.3 Tenants Awareness

Adult abuse is referred to in the Tenant's Rights booklet; however the policy and procedure are not explained.

5.3.1 Urgent Action:

Further information is required to be added into the tenants rights booklet/ user pack to include the policy and procedures for abuse.

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

5.4 Boundaries

A boundaries policy was provided, although it was directed towards the tenants rather than the staff. Boundaries relating to staff are briefly covered in the induction which explains worker relationships and the limits of relationships, these need to be incorporated into a policy, an example of the IOW Council boundaries policy was sent for consideration on 8th July 2008.

5.4.1 Urgent Action:

To develop a Boundaries Policy and then provide evidence that all staff have read

and understood this policy.

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

C1.5 Diversity

6 Diversity

The referral and admissions policy that was provided, states that Newton Gardens is only accessible via a staircase and therefore appropriateness of this environment should be given.

6.1 Eligibility Criteria and Application Policy

A Support Services Specification was provided that incorporates the eligibility criteria and it is written in plain language, however this document is not dated. The Assessment Procedure explains the process used for all enquiries and applications and outlines the application procedure, although there is no prioritisation criterion.

6.1.1 Urgent Action:

To date the Support Services Specification.

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

6.1.2 Urgent Action:

The Prioritisation criterion needs to be added to the eligibility criteria.

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

6.2 Equal Opportunities, Anti-Discriminatory and Harassment Policies

There is an Equal Opportunities Policy that covers discrimination on the grounds of race, religion, sex, class, sexual orientation, age, disability and special needs. The policy applies to job applicants, staff members, volunteers, organisations and individuals they provide services to. This policy does not make reference to the DDA 1995 & Human Rights Act 1998 & Employment Equality (Age) Regulations 2006.

The policy states that it is managed in compliance with equal opportunities legislation and accepted codes of a good home, there is no evidence that this has been

reviewed.

There is a Personal Harassment Policy and Procedure which states that they deplore any forms of personal harassment and seek to ensure that the working environment is sympathetic to all employees. There is also a Racial Harassment Policy that aims to set out the values, principles and policies underpinning the home's approach to racial harassment but has no date.

6.2.1 Urgent Action

The Equal Opportunities Policy needs to make reference to the current legislation (DDA & Human Rights & Employment Equality (Age) Regulations 2006). All the policies referred to in section 6.2 need to be dated and include review dates.

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

6.3 Recruitment and Selection Policy

There is a recruitment policy that states the aim of the home's selection process is to ensure that the most suitable candidate is chosen for the job and that all applicants receive fair and equitable treatment. It provides guidance on how this is achieved, at what point in the recruitment process and by whom. There are rigorous reference procedures in place for all staff before employment commences and enhanced CRB checks are required if a member of staff or volunteer is to work with a vulnerable adult.

6.4 Staff Awareness.

The staff handbook covers E.O.P.'s, Personal Harassment Policy & Procedures and Complaining about Personal Harassment and this is also included in the Induction. After receiving feedback from staff, 60% stated they have not received Diversity training/awareness.

6.4.4 Urgent Action:

To ensure that all staff receive training/awareness in Diversity.

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

6.5 Cultural and Religious Resources

A very detailed folder with a wide range of facilities and clubs was shown to the Review Officers, which is left in the communal lounge for tenants to look at and to

make additions to if they wish to.

C1.6 Complaints

7 Complaints

There is a written complaints policy and procedure in place. The policy clearly sets out the goals of the home regarding complaints which includes details about timescales for responses and how to escalate the complaint. The procedure also outlines what action should be taken regarding both oral and written complaints and reference is made to the complaints book as a mechanism for recording complaints.

The procedure refers to the complainant contacting CSCI's as an outside organisation however it does not include contact details for CSCI and does not make reference to being able to contact the Isle of Wight Supporting People Team.

There is no reference to a written appeals process.

7.0.1 Urgent Action

The policy needs to be updated to include contact details for CSCI and reference needs to be made regarding the Supporting People Complaints Leaflet which outlines the appeals procedure that Ryde House could adhere to. Alternatively, Ryde House can develop their own.

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

A complaints log is maintained which includes the actions taken; the time taken to respond at each stage applied and that these are 'reasonable' needs to be included.

7.1 Service User Awareness

Information regarding complaints is provided in the Tenants Rights booklet however it does not include any contact details if a complaint is to be made.

7.1.1 Urgent Action:

To include the Supporting team's and CSCI's contact details.

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

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