



Contract and Service Review Report:

Provider: South Wight Housing Association

Services included under the review:

Community Floating Support
Older Persons Floating Support
Island wide Sheltered Schemes
Learning Disabilities Floating Support
Mental Health Accommodation Schemes
Young Persons Accommodation Schemes
Young Persons Outreach
Mother and Baby Unit
Teenage Parent Outreach
Yarborough House

Review Date: April / May 2009

Review Officers: Alison Flood/Jacqui Foster/Keily Proctor

This report was presented to Provider:	5 June 2009
4 Week Action Plan Review:	9 July 2009
6 Month Action Plan Review:	11 December 2009

Providers are reminded that under the terms of the steady state and interim 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

South Wight Housing Association (SWHA) is a wholly owned subsidiary of Southern Housing Group following the merger of the two organisations in July 2002. In October 2005, they became the largest housing association on the Island following their merger with Isle of Wight Housing Association.

They own and manage over 3000 homes, including general housing for families, sheltered schemes for the elderly, homeless accommodation, supported housing for people with mental health issues, and homes for people with learning difficulties and mobility needs, teenage parents and young people.

1.1 Clients

As part of the review process we consulted with clients across the range of services provided by SWHA. Questionnaires were sent to all clients, meetings held at the accommodation based schemes, and clients invited to come and speak with us in person if they wished.

Comments from the clients at each particular scheme can be found at the end of this main report.

1.2 Staff

Approximately 80 staff from across the organisation were consulted on the services they offer via an online questionnaire. A separate paper questionnaire was sent out to the staff at each of the sheltered schemes. The findings from these surveys can be found at the end of this report.

It is worth noting that when we visited each of the services the staff were quite distressed about the visit and some needed quite a bit of reassurance that we were not going in specifically to look for things they may be doing wrong. Staff also advised us that they were told they could not contact the Supporting People team about the review, which we feel is rather unfair as if they have any questions we are more than happy to speak with them.

1.3 Induction, Staff Training, Appraisals and Supervision

All staff have a corporate induction and then a localised induction depending on their job role. There is a supervision and appraisals process in place, and training requirements are identified in this. Appraisals are held annually and are linked to performance related pay.

1.4 Stakeholders

A questionnaire was sent to a variety of SWHA's stakeholders. We received a total of 19 responses, a summary of which can be found at the end of this report.

1.5 Exit Strategy

A move on and exit from support policy was provided that is dated October 2008. The policy details planning for moving on or ending support and shows a flow chart of the process to go through.

1.6 Business Plan and Continuity Plan

A business plan was enclosed that shows how the organisation plans to develop over the coming years. A business recovery plan is in place that outlines what to do in the event of loss of systems, staff and buildings. It includes responsibilities across the organisation; action plans for recovery, media management and risk reports and controls for each of the services.

1.7 Confidentiality

The data protection policy references the Data Protection Act and although it does not cite the Authority's Caldicott guidelines, complies with the principles of them. Consideration is shown to instances where there is a legal obligation to share information. The policy covers staff, contractors and partners.

1.8 Accounts

Accounts have been submitted that show the organisation is financially viable.

1.9 Policies and Procedures

The organisation has a comprehensive set of policies and procedures in place, some of which are discussed in more detail in the sections below. These are regularly reviewed and reference assorted legislative requirements. Resident feedback is sought on group wide policies.

2. C1.1 Needs and Risk Assessment

2 Needs and Risk Assessment

Needs assessments are undertaken annually at the majority of schemes; however some schemes did not have review dates completed. Supporting People templates are used and training is undertaken in assessment and support planning as part of the corporate program of mandatory training for staff. Risk assessing is another course that must be undertaken, which were the review officers and staff thought was being carried out more frequently than what was needed. Clients are involved in the needs and risk assessment process and if they are engaged with other services these are involved also.

2.1 Recommendation

To look at the frequency of the risk assessment cycle as this seems to be done too frequently and is a laborious process for staff and clients.

Recommendation 2.1 has been passed on to SWHA who have recently reviewed the cycle.

3. C1.2 Support Planning

3. Support Planning

South Wight uses the Supporting People templates for support planning. There is a documented process used for support planning, which states that plans must be

updated every six weeks, although from discussions with staff this seems to be excessive. Further details of the support plans that were checked at each of the services can be found at the end of this main report in the service breakdowns. Support planning forms part of the corporate training program.

3.1 Recommendation

To look at the frequency of the support planning cycle as this seems to be done too frequently and is a laborious process for staff and clients.

Recommendation 3.1 has been passed on to SWHA who have recently reviewed the cycle.

4. C1.3 Health and Safety

4. Health and Safety

South Wight Housing Association has a health and safety policy as part of Southern Housing Group. The document is dated October 2008 and is in sections based around the following: managing health and safety, risk, fire precautions, first aid, personal safety, security, clinical waste, contractors, electricity at work, display screen equipment, working at height, manual handling, COSHH, RIDDOR and others. The manual is updated on the intranet as and when changes in legislative requirements are put in place.

Health and safety responsibilities are outlined in the manual and covers staff, contractors and clients. Health and safety training forms part of the corporate training program. Details on health and safety checks (including first aid, fire safety, out of hour's procedures, premise risk assessments and PAT testing) can be found at the end of this report in the mini reports for each service.

4.1 Identity Cards

All staff wear identity badges and this was seen at the schemes visited.

4.2 Lone Working Policy and Procedures

South Wight Housing Association has a lone worker policy and procedure in place. The policy outlines who lone workers are, and the steps they must take to ensure their safety. There are various procedures for managing lone working depending on the type of scheme worked at and staff are required to undertake training on lone working.

5. C1.4 Adult Abuse

5. Adult Abuse

South Wight Housing Association has a safeguarding adults and children policy in place which is dated December 2008. As well as their own policy, a copy of the IOW multi-agency safeguarding procedures is available for all staff, as are copies of the Safeguarding Vulnerable Groups Act 2006, 'No Secrets' guidance and a UK study on abuse and neglect of older people for reference.

Details of suspected or actual abuse are recorded on a reporting form which is collated and monitored at South Wight Housing Association's main offices on a

database. Leaflets on safeguarding are included in the handbook given to clients at the start of the service and are also available in the communal areas of accommodation based services. The manager of the care and support services team also sits on the safeguarding committee.

Whilst visiting Porter Court the Review Officers were advised of an incident whereby an external agency had been abusive to a resident over the intercom system. This had been dealt with internally at the scheme but had not been reported to the Safeguarding Team at the Isle of Wight Council which it should have been.

5.0.1 Urgent Action

Ensure all instances of abuse towards clients are reported to the Safeguarding Service. **Urgent Action 5.0.1 has been completed. 09/07/09**

5.1 Whistle blowing

A whistle blowing policy is in place that is dated September 2008. The policy makes clear how concerns are to be reported, including giving guidance on external agencies to approach and states that employees who report under this policy genuine concerns are protected from harassment. It references other policies that can be used to report concerns, such as the fraud or grievance policies and outlines legal requirements that must be adhered to.

Training on whistle blowing is undertaken as deemed appropriate when staff have their supervisions and discuss their training requirements.

5.2 Recruitment and Selection, CRB Checks and References

The recruitment procedures state that all employees must have two references taken up prior to employment and that CRB checks are to be undertaken where necessary. A random sample of 15 staff files were checked and all of these had references and CRB checks that were in date or had been applied for in the case of a new member of staff.

5.3 Boundaries

There is a boundaries policy in place and a code of conduct for staff to abide by that is dated September 2008. In signing their employment contract, staff are accepting the terms of the code of conduct.

5.4 Staff Awareness and Training

There is a corporate training program that has mandatory training on abuse; however, when staff were surveyed, just over half of the staff that responded in total answered the question on abuse, with 70% of those 40 stating that they had received training on abuse, 15% not sure and 15% stating they had not.

5.4.1 Urgent Action

To ensure all staff have had training on abuse.

Urgent Action 5.4.1 has been completed. 09/07/09

6. C1.5 Diversity

6. Diversity

There is a group wide equality and diversity action plan in place that covers staff, recruitment, clients, access to housing, promotion of social and community cohesion, tackling harassment, services to residents and customer satisfaction, resident involvement and a number of other key areas.

Locally, the workforce is monitored against local demographics to ensure that it reflects the Island's population. Equality targets are set and monitored which cover tenant profiling, diversity profiling and a number of performance indicators including COGNOS, KPI's and CORE figures.

6.1 Eligibility Criteria and Application Policy

There is an eligibility criteria and application process in place, with specific leaflets in place for each of the services offered to explain these to clients. A flowchart of the application process is available and there is also an eligibility criteria pointing list which is used if there are more applicants than vacancies, to determine who has the greatest need and will be offered the place.

6.2 Induction and Training Programmes

Policies regarding diversity are part of the staff induction and ongoing training. When staff were surveyed, only 40 people answered the question about diversity, with 95% of those stating they had received training on diversity and the remaining that they had not.

6.2.1 Urgent Action:

To ensure all staff are trained in diversity.

Urgent Action 6.2.1 has been completed. 09/07/09

6.3 Cultural and Religious Resources

Information on places of worship is provided as part of the induction to each of the schemes, within the support planning meetings, and also advertised on notice boards. Assistance can be provided in arrangement of transport to enable clients to access external services. Further information on what was available at each of the schemes visited can be found in the reports at the end of this main report.

6.4 Interagency Working

There are annual objectives for all staff in supported housing which include the need to identify and work with 'hard to reach' groups, the progress of which is monitored at supervision meetings. Additionally there are multi agency meetings and reviews, MM "People First" meetings, Learning Disability Partnership Board meetings and the Learning Disabilities Provider Forum.

To ensure fairness when offering services, multi agency meetings such as the Special Needs Housing Panel and Young Persons MOSS scheme are used to allocate some places.

6.5 Communication

Leaflets that are published include language panels to enable clients to request them in alternative languages and formats. Braille and text phone services are offered, a DVD for the learning disabilities schemes is used to inform potential residents of the services on offer and Makaton is used in these schemes to communicate information to the residents.

6.6 Client Awareness

Client comments from each of the schemes can be found at the end of this report.

7. C1.6 Complaints

7 Complaints

There is a complaints policy and procedure in place that covers the procedure to be followed and timescales for dealing with a complaint. Formal complaints are held in a database at the main offices and tracked through this, informal complaints are held locally in each of the schemes. All complaints received are given feedback and this is logged on the system used, and this is used to bench mark against other members of Southern Housing Group. In the first instance, complaints are recorded on a first contact form which is a less formal process and gives clients the opportunity to have any complaints they have dealt with in a more informal manner; they can then progress this to a formal complaint if they wish.

Their complaints policy has been recently review and from this South Wight Housing Association is looking at doing a complaints leaflet in Makaton for clients. Clients are involved in the review of all policies and procedures if they wish.

Each of the services also has thoughts and ideas boxes in place where clients can put in a note with any suggestions that they have.

Although advocacy is mentioned in the complaints leaflet, it is not really given any detail (as it is a group wide policy); however, locally, staff advise clients that they can have another agency or person as their advocate when they make a complaint if they wish.

7.1 Staff Awareness

Staff were asked as part of our survey how clients could make a complaint if they needed to. 38 people answered this question, stating the procedure for complaints within the organisation. None of the respondents mentioned the Supporting People complaints procedure, although leaflets explaining this are readily available in each of the schemes.

7.1.1 Urgent Action

Ensure all staff are aware that clients can use the Supporting People complaints procedure if they are unhappy with the support they are receiving.

Urgent Action 7.1.1 has been completed. 09/07/09

7.2 Client Awareness

Clients at each of the services were asked if they knew how to make a complaint and their responses can be seen in the individual scheme reports.

7.3 Review of complaints

All complaints received are reviewed at senior management level and are an agenda item on their meetings.

Levels Attained

Quality Assessment Framework	Self Assessment	Current Grading	4 week Grading
C 1.1 Needs & Risk Assessment	A	D*	A
C 1.2 Support Planning	A	D*	A
C 1.3 Health & Safety	A	D*	A
C 1.4 Adult Abuse	A	D*	A
C 1.5 Diversity	A	D*	A
C 1.6 Complaints	A	D*	A

* Will attain a level A once the action plan is satisfactory completed.

Completed by:

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Date.....

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Date.....