



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

### **Provider: The Lantern Retreat**

Services included under the review:

Seahorses

Review Date: 10<sup>th</sup> January 2008

Review Officers: Alison Flood and Keily Proctor

This report was presented to Provider: 29<sup>th</sup> January 2008

4 Week Action Plan Review was held 18<sup>th</sup> March 2008

6 Month Action Plan Review: 10<sup>th</sup> July 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

Seahorses is a supported lodging property for people with Learning Disabilities. It is also a hotel, based in Freshwater, which is run by Mr Boris & Mrs Brenda Moscoff. The environment is relaxing and it has a very homely feel.

Seahorses is part of a larger community called the Lantern Trust which is an umbrella of the Sheiling Trust. Seahorses is a Limited Company and is also registered as a Charity.

Boris also operates an art studio within the grounds where he teaches groups, including clients with Learning Disabilities.

### 1.1 The Companions

Seahorses currently have two companions (**service users**) called xxxx & xxxx and the opportunity was taken to speak with both of them. xxxx is involved in a wide range of activities at Seahorses and has many interests that he kindly gave us a summary of this. They both seem very happy to live at Seahorses. Please see Appendix 1 for the questionnaire results.

#### 1.1.1 Comments made by the companions included:

“If I have any problems I will just go and see Brenda and Boris”

### 1.2 The Staff

Boris and Brenda both provide support to xxxx and xxxx and there is currently one staff member who supports xxxx in day to day activities called xxxx. xxxx is only there for a short period of time, as she is returning home. After speaking to her it was evident that her English is very limited and she is currently working towards improving her skills in communicating with the English language. During her induction period a translator was used to ensure that she had a full understanding of the policies and procedures. A volunteer was being utilised to help reinforce what had been learned.

Boris stated that it is usually a requirement that staff have good conversational English; this is also stated in The Lantern Community Information Book for Short Term Voluntary Co-Workers. However, Boris stated that xxxx had the ability to affectively communicate with xxxx through non verbal communication.

The issue was raised regarding the frequent turnover of staff and concerns were expressed regarding unsettling the clients. Boris stated that with so many visitors to the hotel, the clients adapt really well to new people.

A separate staff feedback sheet will not be provided as the results from the questionnaires did not raise any issues.

### **1.3 Stakeholder Feedback**

Three letters with an attached questionnaire was distributed to stakeholders regarding Seahorses, however there has been limited response.

The review officers contacted a Senior Practitioner of Bedfordshire Social Services who has links with xxxx and is due to carry out a review with xxxx in March 2008. During a telephone conversation, the matter regarding his support worker's lack of the English language arose, he thought that it was not an ideal attribute for a support worker to have, when dealing with xxxx as he himself has Learning Disabilities. He said he would look at this in the next review.

### **1.4. Induction Checklist**

Although Seahorses have an Induction checklist in place with signatures assigned to each element completed, however there is no way of the review officers could evidence when the elements had been completed.

#### **1.4.1 Urgent Action:**

To include a date completed by each element.

**1.4.1 Action has now been completed – 11/07/08**

### **1.5 Policies, Procedures and Documents**

The review officers noted that some of the information that was provided referred to different Councils, Supporting People Teams and contact names.

#### **To attain a level C**

#### **1.5.1 Urgent Action:**

Please ensure that all policies, procedures and booklets are specific to Seahorses Isle of Wight.

**1.5.1 Action has now been completed – 18/03/08**

## Part 2

### C1.1 Needs & Risk Assessment

#### 2 Needs Assessment

A comprehensive needs assessment document was provided, which outlines in broad terms the ethos applied to the organisation. The document discusses the use of the Assessment and Support Planning and is appropriate to the client group.

The needs and risk assessments are combined with the support plan which ensures clear links between the assessment of the companions needs and the support plan. The companions are offered a copy of their plan and copies are available to look if requested by the companion, at anytime on the computer where the information is held,

After speaking to a companion, it was apparent that he is aware that he can access his file at anytime. The process involves the companions and there is a comments box on the Assessment and Support Plan for the companion to state their views. The frequency that the assessments are conducted is clear and a review date is entered onto the Assessment and Support plan.

#### 2.0.1 Recommendation

To review the documents and insert a version number and a review date.

#### 2.1 Training Programmes

The Induction Training offers links to the support process, but there does not appear to be any specific reference to the assessment process. Although the support workers may not have an active role in carrying out assessments, understanding the process is a necessary element of their training.

#### To attain a Level C

##### 2.1.1 Urgent Action:

An extra element is to be included in the Induction Training to include the Assessment Process.

##### 2.1.1 Action has now been completed – 18/02/08

## **2.2 Risk Assessment**

A form was provided headed Risk Assessment but it lacks any specific definition to it applying specifically to Seahorses. Additionally, there is neither a version date nor reference to it having been reviewed. The format employed is very simple and would appear to include the main elements expected to be considered. This includes consideration to both the severity of the risk identified and the likelihood of it occurring. However, from the visit it was not apparent that this particular form was being utilised and instead a risk assessment was being conducted as part of the Support Plan.

In addition to the above, a separate document titled 'Seahorses Risk Assessment' was provided. This document offers some general guidance to the purpose for making these assessments together with some general comments on the process to be applied.

### **To attain a Level C**

#### **2.2.1 Urgent Action:**

To use the existing Appendix 1A, that was originally provided by Seahorses and to ensure that it includes the propensity for abuse and considers lone working.

**2.2.1 Action has now been completed – 18/03/08 checked on 11/07/08**

#### **2.2.2 Recommendation:**

To provide document with a title, version date and review date please see Appendix A.

### **To attain a Level C**

#### **2.2.3 Urgent Action:**

An extra element is to be included in the Induction Training to include the Risk Assessment Process.

**2.2.3 Action has now been completed – 18/02/08**

## C1.2 Support Planning

### 3 Support Planning

#### 3.1 Individual Support Plans

The support plan template is a document that is divided into five sections which includes: Assessed Needs, Residents Views, Support Plan, Risk assessment and Actions. This addresses the needs and risks that have been identified. However, it was felt that the current risk assessment did not provide enough detail, therefore in section 2.3 an action has been stated to utilise the existing Appendix 1A, that was originally provided by Seahorses.

#### To attain a level C

##### 3.1.1 Urgent Action:

The Support Plan needs to be updated to identify outcomes that the companion wants to achieve. For an Example Support Plan please see Appendix E.

**3.1.1 Action has now been completed – 11/07/08**

##### 3.1.2 Urgent Action:

A weekly log needs to be maintained stating what tasks are achieved. This has been incorporated with the Example Support Plan please see Appendix E.

**3.1.2 Action has now been completed – 11/07/08**

#### 3.2 Companion's Awareness

There is space provided for the companion's comments together with a number of tick boxes associated with confirming the choices made by the individual in respect of receiving a copy etc. It also includes a request for permission to share the plan with others involved in the individual's support.

#### To attain a level C

##### 3.2.1 Urgent Action:

The Support plans need to be available in a paper copy to enable the companion to sign it and show that they agree to what has been written.

**3.2.1 Action has now been completed – 18/03/08**

## C1.3 Health & Safety

### 4 Health and Safety

In November 2007, Seahorses received a Health and Safety Audit and are still currently working on the action plan from this. The Health and Safety report, which was conducted by Sheenglen Associates Management Services LLP on 19<sup>th</sup> November 2007, was provided and has been used to form part of this section.

#### 4.1 Health & Safety Policy

Seahorses has an up to date Health and Safety at Work policy, that was devised in October 2006 and it is in accordance with relevant legislation. The policy includes:

- A reference to RIDDOR.
- Use of motor vehicles – a copy of the operator's licence is to be retained on their Personal File, to which a Guidance Note 17 (not included) gives further guidance.
- Guidance to the approach required for Young People (less than 18 years old), including guidance to hours that can be worked.
- Use of Work Equipment including power tools etc.
- Display screen Equipment including the need for eye tests.

The policy demonstrated the organisations commitment to maintaining a safe environment and the range of individuals captured under this commitment.

A current signed Health and Safety declaration was available.

#### To attain a level C

##### 4.1.1 Urgent Action:

However, as stated on the Health and Safety report: *“responsibilities need to be formalised and the H & S Manual needs to be revised to relate to the Seahorses responsibilities.”*

##### 4.1.1 Action has now been completed – 18/03/08

#### 4.2 Health & Safety Training

As required Health & Safety training forms a part of the Induction programme. Boris provided evidence of completing a Managing Risk Course. The Lantern Trust stated that they hold Keep Safe Days annually, which is part of the on-going Health & Safety Training.

### **4.3 First Aid**

First Aid boxes are maintained in the kitchen and the Art Studio. Brenda is a trained first aider however; she needs to attend refresher course.

#### **To be contract compliant**

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

Brenda or Boris is required to attend refresher courses as specified in the H & S Audit Report.

##### **4.3.1 Action has now been completed – 11/07/08**

### **4.4 Accident Book**

*“In May 2003 a revised Accident Book was introduced (BL 510) to meet the requirements of the Data Protection Act (DPA). This version of the Accident Book allows individual records to be removed and stored confidentially. If the employer chooses to use their own accident recording system, they must ensure that records are confidential.”*

#### **To be contract compliant**

##### **4.4.1 Urgent Action:**

To update the accident book to meet the requirements of the Data Protection Act and ensure that the book is maintained, as already specified in the Health & Safety Audit Report.

##### **4.4.1 Action has now been completed – 18/03/08**

### **4.5 Fire Alarm System**

A Fire Alarm and evacuation system is in place and alarms are tested weekly, subject to making allowances for the guests in the hotel. Wessex Fire regularly tests the extinguishers and alarms as required.

### **4.6 PAT Testing**

An inspection programme in respect of Portable Appliance Testing is carried out annually and was last carried out in November 2007 by ETS.

Boris and Brenda confirmed that emergency procedures that are in place and that they are current and subject to review.

## **4.7 Premises Risk Assessment**

It is necessary to undertake risk assessments of the property at least annually to identify any Health and Safety and security risks, to the staff and the companions. Brenda stated that the last property risk assessment was carried out in November 1996.

### **To be contract compliant**

#### **4.7.1 Urgent Action**

To develop and put into practice a Premises Risk Assessment that includes, those participating in making the inspection, the key findings and the resultant action/s taken to either resolve or minimise the risk/s identified. See Appendix B for example provided.

The assessment should also include:

- Fire assessment, COSHH Assessment, Lone Working arrangements

#### **4.7.1 Action has now been completed – 18/02/08**

## **4.8 Reporting Health and Safety Issues**

Individual concerns can be raised by companions or staff at the weekly house meetings about H & S issues and are recorded on a Hazard Report Form, which ensures that feedback is provided to the concerned person.

## **4.9 Lone Working**

There is a Lone Working Policy in place that recognises the risks associated with Lone Working and is intended to raise awareness relating to these. The policy was written in August 2006 and has been reviewed once in the two years since it was written.

The policy states that individuals are not permitted to work alone with companions until Induction is completed and when staff do work alone with companions, special attention is paid to the risks that lone workers may face.

## **4.10 Companions Awareness of Health & Safety**

Companions are provided with a 'My Personal Safety' booklet which outlines the basic Health & Safety issues and issues relating to keeping safe. This was updated in May 2007. Regular awareness of Health & Safety is also, raised in the weekly house meetings.

## **4.11 Guidance Regarding Support Worker Illness**

Guidance is not currently in place regarding support worker illness; please see Appendix D for an example procedure.

### **To be contract compliant**

#### **4.11.1 Urgent Action**

To develop a procedure for Seahorses regarding support worker illness and update the co-worker handbook with the guidance.

**4.11.1 Action has now been completed – 18/02/08**

## **C1.4 Adult Abuse**

### **5 Adult Abuse**

#### **5.1 Adult Abuse Policy**

The main body document entitled 'A Policy relating to the Protection of Vulnerable People in Seahorses' is well structured, with clear section headings. An acceptance is stated by the organisation to its responsibilities towards those it is engaged with.

The content of the policy is intended to help develop the readers understanding of the nature and formats for abuse, how it may be exhibited and a guidance on how to respond to instances of suspected and actual abuse, accompanied by contact points and a simplified flow chart of the process to be followed. Reference is also given to the 'No Secrets document' in the Crisis Guidelines section of the Policy Document.

In the section headed 'What actions or omissions constitute abuse' it provides general definitions to the term abuse and examples for the six defined headings. In addition, guidance is provided to what actions might be taken to help avoid an occurrence of abuse under each of these headings.

The policy has been reviewed twice since its original version date of 2003. The most recent version is dated June 2006.

#### **5.1.1 Urgent Action (as stated in 1<sup>st</sup> Feb 2008 letter)**

It is essential that your policy updated so that it is inline with *The Isle of Wight Council's Multi Agency Safeguarding Adults Policy* that was provided in November 2007 and that staff are aware of this policy.

**5.1.1 Action has now been completed – 18/03/08**

## **5.2 Staff Training**

Adult Protection is included as a specific topic in the Induction programme applied, being supported by the various policy and procedure documents the service uses.

There seems to be a lack of clear commitment given in the policy governing Adult Protection, to on-going training and refresher courses intended to provide updates to legislative and local government policy and guidance.

However, Boris has acquired a Diploma in Personal Protection and it was stated that training events take place which include input from outside agencies. Seahorses have been registered by the Isle of Wight Supporting People Team with the Isle of Wight Council's Learning Centre, to be informed about future refresher courses.

## **5.3 Whistle Blowing**

A Whistle Blowing Policy was provided which indicated circumstances that might warrant a need to raise concerns while seeking to re-enforce the message that by raising an issue, the individual staff member is safeguarded from becoming the recipient of any adverse treatment.

Guidance is provided stating how staff can raise concerns about abuse and a list of three appropriate independent agencies are provided, if a staff member wishes to use an outside agency.

This policy has been subject to regular review since its introduction in October 2004 (Dec 2005 and Nov 2006).

## **5.4 Recruitment and Selection**

The policy states to provide appropriate protection to companions by ensuring robust staff selection arrangements are in place for all staff. The process includes use of an application form that requests two referees for follow up.

After speaking to xxxx, the review officers would question the policy in relation to selecting staff that have a good command of English language. Refer to section 1.3.

### **5.4.1 Urgent Action:**

**When employing future support workers, to ensure that the policy is followed, by employing support workers who have a good command of the English language, and are able to communicate effectively with their companions.**

#### **5.4.1 Action has now been completed – 11/07/08**

POVA and CRB checks are conducted once the support workers have arrived in UK. A CRB and POVA check was shown for xxxx, however Boris and Brenda's checks have expired.

#### **To be contract compliant**

#### **5.4.2 Urgent Action:**

Boris and Brenda are required to renew their CRB and POVA checks, as there is a requirement in the contract, for them to be carried out three yearly.

#### **5.4.2 Action has now been completed – 18/03/08**

### **5.5 Recording Information**

Seahorses do not currently have a log specifically for recording any suspected or actual abuse instances.

#### **To attain a Level C**

#### **5.5.1 Urgent Actions**

Seahorses need to ensure that a log is maintained which needs to:

- Be maintained and record all complaints or concerns about abuse made by either the service user or a member of staff.
- Be sufficiently detailed and is intended to capture
- Contain the detail of what resultant action/s was taken and the timeframe within which they were taken to investigate the complaint or concern
- Contain the detail of the outcome for each investigation and actions taken in response to the findings made.

#### **5.5.1 Action has now been completed – 18/03/08**

### **5.6 Service User Awareness**

After speaking with xxxxx it was apparent that if he wanted to report any concerns that he would speak to either Brenda or Boris or he would speak with someone from Mencap, who he has regular contact with.

#### **To attain a level C**

#### **5.6.1 Urgent Action**

Ensure that the current Resident Protection document is updated to apply to the Isle of Wight .Please see Appendix D with highlighted inaccuracies.

### **5.6.1 Action has now been completed – 18/02/08**

### **5.6 Boundaries**

There is a policy in place that gives guidance on the approach to be taken for a variety of circumstances that a support worker may be presented with. Boundaries is covered in the Induction process and staff have a Code of Conduct that they must follow.

#### **5.6.1. Recommendation:**

Staff are required to read the Code of Conduct to refresh their knowledge.

### **5.6.1 Recommendation has now been completed – 11/07/08**

<b>C1.5 Diversity</b>
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## **6 Diversity**

Seahorses are familiar with the latest legislation and best practise regarding diversity. They have taken reasonable steps to adapt their premises to accommodate a person who uses a wheelchair.

### **6.1 Eligibility Criteria and Application Policy**

The 'Seahorses Application Process for Supported Residents' includes both the Policy and Procedure for the service.

The Policy states: 'It is Seahorses Policy to provide supported living placements to adults with learning disabilities aged 19 years or over.' Additionally, a declaration to the effect that the policy ensures the process is in accordance with the procedures both for Equal Opportunities and Anti-Discriminatory practice.

A separate document 'Residents' Admission Criteria lists the series of criteria an applicant needs to meet.

The 'Seahorses Application Process for Supported Residents' outlines the procedure to be followed when processing an application. The current version date applied is July 2006. This includes a definition to the criteria to be applied for prioritising cases, where necessary, but carries the caveat that the individual fulfils the admissions criteria. Prioritisation is determined using three core measures relating to: the degree to which the applicant matches current and future support possibilities, the

preference expressed by existing companions and the individual's level of financial support available to them.

The process given includes a combination of elements: an initial interview; a completed needs assessment undertaken by Social Services to confirm the appropriateness of supported living; use of a completed application form to the potential suitability to live and work at Seahorses, together with a potential trial stay of three months.

## **6.2 Equal Opportunities and Anti-Discriminatory**

A policy is in place that demonstrates the services commitment to 'promote equal opportunities and actively encourage diversity by recruiting and welcoming people from all backgrounds to live and work together...' There is a commitment included: 'to abide by all legal requirements concerning equal opportunities and human rights.' In addition there is a section headed 'The Law' that indicates that individuals can be subject to criminal proceedings, together with a list of various legislation that relate to these topics.

## **6.3 Harassment Policies**

A comprehensive policy is in place, which affirms to companions and co-workers having a right to be treated with dignity and that harassment will not be permitted. Definitions are included in this of the types of harassment. Finally, a series of bullet points establishing the stance to be observed and process applied where harassment is claimed to have occurred.

## **6.4 Recruitment and Selection Policy**

There is a general declaration included to the effect that it is necessary to ensure that rejection is not based on a range of reasons that would suggest discrimination, including age, nationality and ethnicity. As with Equal Opportunities a stipulation is included in the document regarding selection for Genuine Occupational Reasons (GOR) in connection with the Sex Discrimination Act.

## **6.5 Induction and Training Programmes**

The above policies are included in the staff induction process.

## **6.6 Cultural and Religious Resources**

Residents are made aware of different cultural and religious organisations in the area, and participate in a wide variety of events by individual choice or affiliation. Local events are also publicised on our house notice boards and on our weekly programme and advised of in weekly house meetings.

### **C1.6 Complaints**

## **7 Complaints**

A Complaints Policy and Procedure was provided with an overview to the organisation's recognition and acceptance that complaints may arise, that they should be taken seriously and a solution to the issue raised should be sought. Definitions are given to the 'types' of complaint that can be presented. 'An official complaint needs to be made in writing...passed to a member of the management group.' This was last reviewed in March 2006.

A right of appeal exists which can be made to the Chairman of the Seahorses Council. The outcome of the appeal is to be advised in writing within 14 days of the appeal being made and it is indicated that there is no further level for appeal within the organisation. The individual would, however be advised of their right to raise the complaint with an external body.

### **7.1 Companions Awareness**

A leaflet entitled Making a Complaint is held in each companion's personal file, is explained to companions along with awareness sessions addressing the opportunities and pathways for raising concerns or complaints. Also, when questioned, xxxx was aware of who to speak to if he had a complaint.

### **7.2 Staff Awareness**

As part of the induction the staff are required to know how to access a full list and up to date copy of all organisational policies and procedures. However, the Complaints process is not specified separately as an induction element or outlined in the Co-Worker Handbook.

### **7.3 Complaints Log**

There is a complaints log that is maintained, which provides a breakdown of the outcomes together with appropriate actions and the response time taken.

<b>Quality Assessment Framework</b>	<b>Self Assessment</b>	<b>Site Visit Grading</b>	<b>Current Grading With completed Action points Jul 08</b>
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	C	C
C 1.6 Complaints	C	C	C

Review Officer .....  
 Alison Flood

Review Officer .....  
 Keily Proctor

Date.....

**Authorised by**

Manager.....  
 Paul Bakewell

Date.....