

Action Plan Follow-Up Report

NAME OF PROVIDER	Melton Borough Council
NAME OF SERVICE(S)	Older People Sheltered Housing
SERVICE ID(S)	St Johns Court & Gretton Court
TYPE OF SERVICE(S)	Accommodation Based
PRIMARY CLIENT GROUP	Older People
COMPLIANCE OFFICER	Amisha Chauhan
SIGNED	
DATE	15 th February 2012
APPROVED BY (COMPLIANCE MANAGER, NON-REGULATED SERVICES)	Tracy Ward
SIGNED	
DATE	20 th February 2012
<p>Reasons for outcome:</p> <p>This report is in response to the original validation visit conducted 15th & 20th September 2011. It details the changes that were required in that report and the response that Melton Borough Council has made through implementation of an Action Plan.</p>	

General Comments:

Following the Validation Visit in September 2011 an Action Plan was devised to address those areas of the Supporting People Quality Assessment Framework (QAF) where minimum standards had not been met or whether insufficient evidence had been submitted to allow validation at Levels C, B or A. The Action Plan also included a number of best practice recommendations.

In consultation with Compliance Officers at Leicestershire County Council, Melton Borough council have addressed most of the required actions recommended at the Validation Visit Report and in the Action Plan. Specific comments are provided in the table below and all amendments and improvements have been made in accordance with the QAF to gain a minimum C level. Revised validation scores, based on the findings of the Validation Visit and work done to complete the Action Plan are given at the end of this report. It should be noted that in some areas the provider had self assessed at a Level A, however after some consideration the provider feels that this level requires development and therefore happy to be scored at a Level B/C as appropriate.

Area of QAF/Contract Monitoring Report	Comments and Recommendations from Validation Meeting and Report	Evidence/Reviewed Comments	Validated Score	New Level Attained
C1.1 - Assessment and Support Planning	C1.1.2 The service needs to demonstrate that specialist expertise is sought, where required, when drawing up support / risk management plans.	This is included in the support plan and files record when specialist advice is sought examples of this are phone calls to GP's, district nurses, Adult mental health team. All care plans where appropriate are now with the support plans in the tenants files with the permission of the tenants and other expertise is sought where appropriate. Section 5 of service user information sheet & client needs and abilities form which specifically asks about professional expertise	C	B
	C1.1.3 Service to provide schedule of support plan and risk assessment review dates.	Service was able to evidence support plans with intended review dates	MSNM	C
	C1.1.3 Provider to confirm when checks are being made, does a schedule exist and submit such	Evidenced at action plan progress meeting. Schedule set up by service manager indicating when records are to be audited, all files completed as of January 2012.	MSNM	C

	<p>C1.1.5 Although there is a "positive risk taking policy" present which covers and guides staff on how to promote independence, wellbeing and choice and challenges risk-adverse practices whilst keeping people safe. Service to demonstrate that staff are able to show how this impacts on their work.</p>	<p>This is done through the support planning process and also through daily interaction with the clients for example ensuring that flats/ communal areas are safe and identifying hazards. An example of this is a tenant who refuses to walk to the dining table despite being able to. Staff have encouraged her to walk safely and advised her that if she gets tired than to sit down in the chairs that are located in the communal hall way. This not only helps her to be mobile but also enables her to be more independent</p>	<p>B</p>	<p>A</p>
	<p>C1.1.5 Through staff consultation and the training matrix it appears that there is only limited training available which does not appear to be catered for staff to be professionally developed. Need to show evidence of what training is available for staff, and the process for staff to be developed.</p>	<p>Service was able to demonstrate that all staff have professional training NVQ 2, and some have also completed level 3. Staff are also able to express within the annual appraisals training requirements</p>	<p>B</p>	<p>A</p>
<p>C1.2 – Security, Health and Safety</p>	<p>C1.2.1 It has not been evidenced that the service is able to demonstrate that changes have been made as a result of policy and procedure review or through client involvement.</p>	<p>Within the Tenants Forum, tenants raised that they were not happy with members of the public parking in the resident's car park. Therefore the service advised that they would be able to introduce car park permits. However, after some consideration tenants decided that they would leave as is</p>	<p>C</p>	<p>A</p>

	<p>C1.2.2 Service to evidence clients involvement and a record of their participation of completing risk assessments.</p>	<p>Clients are now involved in the scheme health & safety checks. Residents will carry out weekly hazard spotting</p>	<p>C</p>	<p>B</p>
	<p>C1.2.3 The service needs to evidence/demonstrate that changes have been made to improve service delivery as a result of review or testing of current emergency call-out or out-of-hours support procedures. Review of these arrangements should show the impact of client involvement, and the testing of the effectiveness of current arrangements.</p>	<p>6 week satisfaction survey demonstrated that clients have tested and given their opinions on these procedures. Service was also able to give an example whereby the fire alarm was set off. Unfortunately, the key safe box did not automatically open as it was jammed. Therefore, service manager has now issued all call out officers a set of keys and amended policy accordingly</p>	<p>C</p>	<p>A</p>
<p>C1.3 – Safeguarding and Protection from Abuse</p>	<p>C1.3.1 Service to evidence if there is a periodic (at least annual) review of the effectiveness of safeguarding and protection from abuse policies and procedures and their implementation. Has any consultation taken place with clients and staff and what were the reviews?</p>	<p>Consultation not taken place yet. Although the service supplies clients with the abuse leaflets there is still no evidence of their being a periodic review of the effectiveness of the policy</p>	<p>C</p>	<p>C</p>

	<p>C1.3.1 There is no evidence if the policy and procedure review seeks to identify and address disincentives to reporting concerns.</p>	<p>Although the service advised that all clients are advised to report concerns around abuse and leaflets are displayed. It is felt that the service needs to ensure that safeguarding awareness is promoted.</p>	<p>C</p>	<p>C</p>
	<p>C1.3.1 The service can demonstrate that key safeguarding partners are involved in policy and procedure review.</p>	<p>Adults and Communities and The Police were consulted on the Council's Children & Vulnerable Adult Safeguarding Policy and Procedures. The service has recently reported 4 concerns surrounding abuse which have been investigated by Adult Social Services and the individuals concerned have been notified by Adult Social Care of what action they are going to take.</p>	<p>C</p>	<p>B</p>
	<p>C1.3.1 The service can demonstrate that changes have been made to improve service delivery as a result of review or following an incident.</p>	<p>The service was not able to demonstrate / give examples of any changes made to improve service delivery as a result of reviewing policies or following an incident</p>	<p>C</p>	<p>C</p>
	<p>C1.3.1 Evidence required to show a Policy and procedure review which shows the impact of client and stakeholder involvement.</p>	<p>There are no changes to policies and procedures which shows the impact of client and stakeholder involvement.</p>	<p>C</p>	<p>C</p>

	<p>C1.3.2 The service needs to demonstrate that changes have been made to improve service delivery as a result of policy and procedure review through staff or client involvement and consultation.</p>	<p>There are no changes to policies and procedures which shows the impact of client and stakeholder involvement.</p>	<p>B</p>	<p>B</p>
	<p>C1.3.3 Service needs to evidence that there is a periodic (at least annual) review of the effectiveness of the policies and their implementation.</p>	<p>No evidence of periodic reviews of the effectiveness of professional boundaries</p>	<p>C</p>	<p>C</p>
	<p>C1.3.3 The service should demonstrate that it has mechanisms in place that reinforce professional boundaries.</p>	<p>Evidenced through supervision, training, team meetings etc</p>	<p>C</p>	<p>B</p>

	<p>C1.3.4 The service needs to demonstrate how it feeds back appropriately on action that has, or has not, been taken, and why</p>	<p>Tenants are advised of what action is going to take place - the service arranges meetings with Adults & Communities/Police. Appropriate action is taken, abuse log is in place and clients are kept informed of what action has taken place. An example given was client informed that support officer had a duty of care to report concerns but tenant did not want the police to be involved. Client did ask if it was possible to keep a money box in staff office locked up in the filing cabinet. This has protected the client as well as stopping her son from taking her money. Clients have also asked for the abuse leaflet to be in a large format which has been actioned.</p>	MSNM	C
	<p>C1.3.4 Evidence required demonstrating that changes have been made regarding Safeguarding Policy and Procedure in response to client feedback.</p>	<p>Support Manager to carry out a survey to receive client feedback</p>	MSNM	B
	<p>C1.3.5 Policy does not mention MAPPa or MARAC therefore service to demonstrate that this engagement takes place.</p>	<p>Scheduled of meetings evidenced, Kevin Quinn attends Mappa meetings on behalf of the Council and a representative from the Housing Options Team attends Marac.</p>	MSNM	C

	<p>C1.3.5 The service needs to demonstrate on how it engages in multi-agency working to promote safeguarding of vulnerable adults and children</p>	<p>Service provider is part of Vulnerable Adults Forum and service manager plays an active role in this forum which consists of multi-agencies</p>	<p>MSNM</p>	<p>B</p>
<p>C1.4 – Fair Access, Diversity and Inclusion</p>	<p>C1.4.1 Service needs to evidence the collection of equalities data on successful and unsuccessful applications and exits from the service. Also if any reviews of the equalities data have taken place, if the service sets targets to address gaps or weaknesses and monitors performance against these.</p>	<p>The service provider operates Choice Based Lettings (CBL) whereby applicants bid for properties. Therefore, they do not keep data on unsuccessful applicants as all applicants can see status CBL. Most clients leave the scheme for more suitable accommodation - ground floor or extra care or larger accommodation. Tenancy Strategy Document records reasons as to why tenants have left their tenancies.</p>	<p>MSNM</p>	<p>C</p>
	<p>C1.4.1 Evidence required illustrating that Equality access targets are set for under-represented groups as identified by the Equalities Action Plan, and also showing that performance is monitored.</p>	<p>New report - Single Equality Scheme dated Oct 2011 which details the plan going forward, and how the policy is to be reviewed, including timescales for improvement</p>	<p>MSNM</p>	<p>B</p>

	<p>C1.4.1 Evidence required around the harassment procedures which details the effective management of responses when working with victims and alleged perpetrators.</p>	<p>The service provider is part of Leicestershire County Council Hate Monitoring Project. The Community Safety Strategy (Kevin Quinn) and anti - social vulnerability matrix (Michael Moncrief) supports the effective management An example given by the service is a tenant at St Johns who was being harassed by a number of individuals on an ongoing basis. The tenant wanted a move and is currently on the Council transfer waiting list waiting for a suitable property to become available.</p>	<p>MSNM</p>	<p>A</p>
	<p>C1.4.1 The service needs to demonstrate if changes have been made to improve service delivery as a result of policy and procedure review and as a result of monitoring performance. Also within this the policy and procedure review illustrating the impact of client involvement.</p>	<p>Communal cleaning at all flats with communal stairs and landings - tenants complaining about the condition of the communal areas - the Council have now implemented a cleaning charge for all communal areas in flats to be cleaned on a regular basis.</p>	<p>MSNM</p>	<p>A</p>
	<p>C1.4.1 The service needs to evidence what resources have been made available to support equalities and diversity activity.</p>	<p>The service provider is a partner on the Shared Leicestershire District Councils Equality and Diversity Partnership and as such has access to an Equality and Diversity Officer plus access to the North West Leicestershire DC Policy and a Performance Officer for advice and guidance as required.</p>	<p>MSNM</p>	<p>A</p>

	<p>C1.4.2 Evidence required to show that the service pays particular attention to ensuring fair access to under represented groups as identified within the Equalities Action Plan.</p>	<p>The service operates a choice based letting scheme and as such all applicants regardless of their race or religion is able to apply for properties suitable for their needs.</p>	<p>C</p>	<p>B</p>
	<p>C1.4.2 Service to demonstrate what changes have been made to improve the service delivery, as a result of reviewing the policy and procedure. Also, to evidence the impact of client and stakeholder involvement.</p>	<p>Choice Based Lettings is an example of a policy which was introduced last year. This has resulted in allocations being more transparent and fairer across all communities and applicants can actually see what properties are actually available for lettings. A number of stakeholders in the Borough were consulted about the implementation of this policy including the tenant's forum.</p>	<p>C</p>	<p>A</p>
	<p>C1.4.2 Need to evidence the findings of internal audit regarding fair access and if any improvements to the service or policy and procedure was required as a result of the audit.</p>	<p>Service provider was able to evidence the "Welland Report" which measured areas such as: affordable housing, tenants behavior, appropriate standards of customer services, state of the housing stock etc</p>	<p>C</p>	<p>A</p>
	<p>C1.4.2 Service to evidence that there is a proactive approach to working with service commissioners in identifying local need and adapting services accordingly.</p>	<p>Part of working with local community & scoping services for example extra care schemes with Market Development and Strategic Planning and current proposed tendering of floating support service and all other sheltered housing schemes.</p>	<p>C</p>	<p>A</p>

	<p>C1.4.3 The service needs to be able to demonstrate that changes have been made as a result of policy and procedure review and also show the impact of client and stakeholder involvement.</p>	<p>The service was not able to provide sufficient evidence to be scored at a Level A for all these areas. Due to the development work required in this area the service provider was happy to be at a Level B</p>	<p>B</p>	<p>B</p>
<p>C1.4.3 The service needs to be able to demonstrate that internal audit ensures Fair exit.</p>	<p>B</p>		<p>B</p>	
<p>C1.4.3 The service needs to demonstrate that works with service commissioners in developing strategic solutions to improve fair exit and move on outcomes for clients into the community.</p>	<p>B</p>		<p>B</p>	
<p>C1.5 – Client Involvement and Empowerment</p>	<p>C1.5.2 Need to evidence what actions have or haven't taken place when clients have actively raised any issues/concerns through the task groups.</p>	<p>Examples of this are as mentioned earlier: the car parking issues at St Johns Court, refuse bins at Gretton Court and communal cleaning. The service has been able to evidence that all these areas have also been concluded</p>	<p>MSNM</p>	<p>C</p>

	<p>C1.5.3 Evidence required where Clients can provide examples of specific initiatives that have expanded their skills, confidence and self-esteem.</p>	<p>Flower arranging sessions at Gretton Court. Tenants run luncheon clubs at St Johns Court as well as coffee mornings. Wii session at Gretton Court. Tenants decide where they would like to go on day trips and how to spend monies that have been raised for the social fund. Tenant surveys also seeks what activities clients would like</p>	<p>MSNM</p>	<p>C</p>
	<p>C1.5.3 It is not evident that Clients are empowered to make their own informed choices about friendships and intimate relationships, in line with the existing risk assessment.</p>	<p>Service provider was able to explain how relationships/friendships are discussed as part of the support planning process. Also, there are visitor rooms available for clients to be able to have friends/family stay over</p>	<p>MSNM</p>	<p>C</p>
	<p>C1.5.4 It is not evident that Support plans show that staff and clients have discussed any wishes for employment, training and education. It appears that only social and leisure activities outside of the service are discussed.</p>	<p>Evidenced that the service actively promotes social activities for clients, they will also arrange transport for those who may not be able to access those services otherwise</p>	<p>MSNM</p>	<p>C</p>

	<p>C1.5.5 Staff should receive training about the 'Compliments, Complaints and Suggestions Policy' as part of their induction training and the induction training schedule should be amended to include a clear section dedicated to this policy and associated procedure.</p>	<p>Service confirmed that the Customer Services Manager is arranging a training session. This may be done as a group or if limited availability then 1x1 with service manager who will then cover off with the team within team meetings.</p>	<p>MSNM</p>	<p>C</p>
<p>General Recommendations</p>	<p>There are a number of General Recommendations which were identified during the validation which the service provider is still progressing.</p>			

Final Comments

Gretton Court

<p>Validated</p>	<p>Desk Top Validation</p>	<p>Desk Top Validation</p>	<p>Desk Top Validation</p>	<p>Validated</p>
<p>C 1.1</p>	<p>C 1.2</p>	<p>C 1.3</p>	<p>C 1.4</p>	<p>C 1.5</p>

MSNM	C	MSNM	MSNM	MSNM
------	---	------	------	------

St Johns Court

Validated	Desk Top Validation	Desk Top Validation	Desk Top Validation	Validated
C 1.1	C 1.2	C 1.3	C 1.4	C 1.5
MSNM	C	C	MSNM	MSNM

The above scores indicate what the original report found on the 15th & 20th September 2011. These scores have now been amended in response to the evidence supplied and are highlighted and demonstrated overleaf:

Gretton Court

Validated	Desk Top Validation	Validated	Desk Top Validation	Desk Top Validation
C 1.1	C 1.2	C 1.3	C 1.4	C 1.5
B	C	B	C	C

St Johns Court

Desk Top Validation	Validated	Desk Top Validation	Validated	Desk Top Validation
C 1.1	C 1.2	C 1.3	C 1.4	C 1.5
C	A	C	B	C

These scores which result in an overall Level B will now be recorded as the final outcome of the validation and contract monitoring process.