

**SUPPORTING PEOPLE
GLOUCESTERSHIRE
MONITORING AND REVIEW
SUPPORTED HOUSING**

St Lukes Trust

**Gannicox Level1, 2, 3 & 4 (6447, 6628, 6629,
6630)
Lower Gannicox (Hobbs (12851), Hughes
(12852))**

**Review Period
January 2006**

SENT: (10th February 2006)

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INTRODUCTION TO REPORT AND REVIEW

Every organisation which provides a support service and holds a Supporting People contract for that support service is subject to Supporting People Monitoring and Review to ensure that contractual obligations are being met and that quality standards meet the required level.

This document summarises the Review findings of the Supporting People Team Gloucestershire.

Service providers are expected to comply fully with the Review process. The Quality Assessment Framework Standards will form the basis for judgements by the Supporting People Team regarding quality, recommendations and timescales for action plans.

The report will show the following:

- Strategic relevance
- Fit with grant conditions
- Value for money comparison
- Performance
- Review methods used
- Key findings and evidence
- Overall ratings in relation to the standards
- Compliance with contract requirements
- Required actions on the part of the provider
- Recommended good practice
- Summary of findings
- Provider's response and proposed action plan to address findings

REVIEW VISITS & METHODS

Reviews will be undertaken in line with the agreed framework with additional visits as required. The following review methods have been used in the production of this report. The report is based on the findings of the specified review dates.

The Review officer spent a day evidencing documentation specified in the Self Assessment QAF and spent another day talking to staff, co-workers and service users, in one to one sessions and in group situations.

A questionnaire for friends and relatives of residents was distributed prior to the Review and received a valuable response.

BRIEF DESCRIPTION OF THE SERVICES PROVIDED

'We are a small community in the market town of Stroud near Gloucester. We are part of St. Luke's Trust, which supports a homoeopathic medical practice with a range of associated therapies, a Waldorf Kindergarten and the Gannicox Camphill Community. On our grounds there is also a home for the elderly and the church of the local Christian Community congregation. A medicinal herb garden, pond and wooded area are in the grounds surrounding us.

Two extended families currently form our community at Gannicox. One is well established and consists of five residents with special needs and a family with three children. The second household has recently been formed with currently 3 residents and a family including young twin girls. There are a number of helpers that come in on a part-time basis, including an art therapy student; they add colour and creativity to our life. We invite young volunteers from the UK or abroad to spend some time with us. Whilst taking on important support tasks, they gain valuable experience, skills and confidence.

Our residents like the urban environment and have their individual work and activity schedules. Some go to a local pottery, bakery or a food-processing workshop nearby, all help with some domestic chores and many take courses at Stroud Further Education College. Some may in due course seek voluntary or paid employment in the Stroud area. The large garden with pond is one of our own work facilities that also occasionally offers an opportunity for work therapy for patients of the Medical Practice. Some young people with special needs from other Camphill communities nearby join us as a work experience. An important strand of our life and work is the support and fostering of life skills, individual social relationships, and cultural-spiritual needs and interests all those who are part of this community. There is a lot of interaction between different initiatives in Stroud. Most of us take an active part in forming this wider network.

In harmony with the Camphill philosophy, the life of the community is based on Christian principles, with the celebration of the Christian festivals central to this. The end of the week is often marked on Saturday evening by a special meal together which may include a Bible reading and conversation.

Gannicox community is registered as a Supporting People Scheme. It derives its income from residents' Housing Benefit and Supporting People grants, as well as contributions arising from external work of some of our co-workers. All matters affecting the community as a whole, including our financial situation, admission of new residents and co-workers, are shared and decided by everyone in our weekly Gannicox meetings.'

Gannicox website, January 2006

PART A - SUMMARY OF REVIEW FINDINGS

Review Officer's Summary

(This is an overview of the Review Officer's findings, which includes good practice, quality issues, areas to be addressed or developed and any other concerns.)

Strategic Relevance

- To agree an arrangement for joint funding packages of care for people with learning disabilities that ensures that Supporting People only pays for housing related support and that other partners fund other aspects of the package appropriately.
- Gloucestershire SP Partnership Board have issued a revised definition of Eligible Services that can be funded into the future. On adoption of this criteria, (expected April 2005) consultations will begin as to the overall amount of SP grant this service will be paid through joint commissioning with Social Services of the total value of the contract.

Value for Money

- The Service presents as Value for Money and the hourly rate is within the local benchmark figures.

Feedback from Service Users on the service

- Service Users feel safe, protected and well supported.
- Service Users stated that they were able to make their own choices and were encouraged to join in activities in the scheme and within the wider community.

Feedback from staff on the service

- Staff stated that they had learned a great deal from working with the service users and that they had gained as much from supporting as the service users had gained from being supported.
- Staff knew of the scheme previous to employment and enjoyed working in the environment engendered by the Camphill philosophy.

Level of staff support

- 4 Senior Co-workers
- 1 resident volunteer on 6 month stay from Germany
- 3 Part-time support workers who give lifeskills training such as cooking, cleaning and gardening.

Any other comments

There were ten responses submitted from relatives and friends and all were extremely positive. They stated that the support staff provide an environment which promotes independence and empowers residents to lead purposeful and fulfilled lives.

RESULT OF THE REVIEW

Recommendations

Strategic relevance	
Does the service(s) help commissioners to meet current strategic objectives?	Yes
Do the services provided fit with the Supporting People Grant Conditions?	Partial:with actions
Does the service(s) provide Value for Money?	Yes
What Quality Standards have the Service(s) reviewed met?	
Needs and Risk Assessment	B
Support Planning	B
Security, Health and Safety	B
Protection from Abuse	B
Fair Access, Diversity and Inclusion	C
Complaints	B

REQUIREMENTS FROM LAST REVIEW

Requirements from last Review fully actioned?

ACTION PLAN

The Service Provider is requested to provide the Supporting People Team with an Action Plan, which indicates how requirements and recommendations are to be addressed with the timescale within which such actions will be taken. This Action Plan is shown in Part F of this report.

PART B - ASSESSMENT OF STRATEGIC RELEVANCE AND DEMAND

Assessment of Strategic Relevance.				
1. The service provides a housing related support service.				
	Fully complies	Actions needed	Does not comply	No Evidence
1.1 The service is provided to develop or sustain an individual's capacity to live independently in the accommodation or to gain access to appropriate accommodation.	Yes			
Evidence	The service is provided to develop or sustain the individual's capacity to live independently in the accommodation. The residents are encouraged to take responsibility for tasks around the house but have full choice in what and how much they undertake.			
	Fully complies	Actions needed	Does not comply	No Evidence
1.2 The service does not include the provision of general social care and health and social care services, or statutory personal care, funded through Supporting People grant (these types of services are not intended to allow people to gain or maintain accommodation).			Yes	
Evidence	There is an element of general social care delivered within the funding, such as social evening activities. However this service provides holistic support and it would be inappropriate to cease provision of the social care. It is recommended that an economic cost for delivery of the entire service is negotiated and appropriate funding be sourced to ensure provision.			
	Fully complies	Actions needed	Does not comply	No Evidence
1.3 The support service does not include specialist counselling (funded through Supporting People grant).	Yes			
Evidence	No specialist counselling is delivered as part of the Supporting People service. Specialist services such as therapeutic treatments are provided by the St Luke's Trust surgery and other agencies are brought in to provide professional services.			
	Fully complies	Actions needed	Does not comply	No Evidence
1.4 The service is provided to vulnerable people who require support.	Yes			

Evidence	The eligibility criteria states that residents are required to be at least 20 years of age and with a learning disability. It also states that residents wish to live in the community and receive support.			
2. The service is not intended to meet a statutory duty.				
	Fully complies	Actions needed	Does not comply	No Evidence
2.1 The support service should not be used to discharge statutory duties under Community Care legislation.	Yes			
Evidence	There was no evidence found that would support the fact that the service was used to discharge statutory duties under Community Care legislation.			
	Fully complies	Actions needed	Does not comply	No Evidence
2.2 The support service should not be used to discharge statutory duties in relation to aftercare services as a result of hospital discharge.	Yes			
Evidence	There was no evidence found that would support the fact that the service was used to discharge statutory duties in relation to aftercare services as a result of hospital discharge.			
3. Supporting People grant should only fund housing related support activities.				
	Fully complies	Actions needed	Does not comply	No Evidence
3.1 Supporting People grant should not fund general social care or health services.			Yes	
Evidence	See 1.2 above.			
	Fully complies	Actions needed	Does not comply	No Evidence
3.2 The level of Supporting People grant should reflect the level of housing related support provided.		Yes		
Evidence	The re-assessment process being undertaken by the Learning Disabilities Team will ensure accurate assessment of housing related support levels and this will be reflected in the level of grant payable going forward.			
4. The service meets key strategic Supporting People objectives.				
	Fully complies	Actions needed	Does not comply	No Evidence
4.1 The service contributes to the wider government agenda for preventative services (i.e. the service prevents service users from institutional care, homelessness and re-offending).	Yes			

Evidence	The service provides a community environment, which although is primarily inclusive, giving the residents security and a feeling of being protected, it encourages them to engage with the outer community in Stroud and invites members of other agencies to join in with scheme activities. Without the protection and support the scheme offers the residents would undoubtedly require institutional care.			
	Fully complies	Actions needed	Does not comply	No Evidence
4.2 The service must meet the priorities identified in the local SP strategy.				
Evidence	One of the local SP strategy objectives is a <i>Shift to services designed around the support needs of individual service users reducing the need for housing moves as a means to correct support.</i> The Camphill based services provide a unique environment and the residents choose this particular type of housing support above the traditional supported housing model. It is a choice of lifestyle as much as a choice of support provision.			
<u>Assessment of Demand.</u>				
1. The service meets a demand for housing related support.				
	Fully complies	Actions needed	Does not comply	No Evidence
1.1 There is evidence of demand for the type of service from the target client group.				
Evidence	There is a demand for this type of service from the target client group. The Camphill Advisory Centre states: I am aware that the info@camphill.org.uk address has responded to around 300 requests for straightforward information in the past three years; additionally the Camphill Advisory Service receives on average 25 - 30 contacts by phone, letter and e-mail in one week; these contacts come mainly from England and Wales but there are also regular requests from abroad - this morning I had one from Shanghai! Approximately 25% of those requests are from parents of children attending our schools and colleges and the remainder are from people who have only recently considered Camphill as an option. Most cite the holistic nature of Camphill Communities as the main reason for approaching us.			
	Fully complies	Actions needed	Does not comply	No Evidence
1.2 There is evidence of a demand for the service being reviewed.				
Evidence	The scheme only has eight places and vacancies rarely arise. Gannicox does not keep a waiting list and only when a vacancy arises does the scheme promote its services. Any vacancies should be notified to the Gloucestershire Social Services Department to ensure that local demand can be satisfied.			

STRATEGIC RELEVANCE DECISION

Strategic relevance	Demand	
		Objectives are fully met.
✓	✓	Objectives could be met but action is required.
		Objectives are not fully met.
		Objectives cannot be assessed because of lack of evidence.

Decision: Partially Strategically Relevant – Actions needed

Reasons for decision: This type of service is unique within Supported Housing delivery. General social care will inevitably be contained within the holistic support delivery. A re-assessment of service users is to be undertaken by Social Services and joint funding sourced to accommodate. Demand will always be an issue. Referrals generally come from the Camphill Advisory Service or other Camphill communities. However the local Social Services department works closely with the scheme and have placed service users successfully.

PART C - VALUE FOR MONEY COMPARISON

Service	Hourly Rate	Number of units	Weekly cost (Spintls value) £
Gannicox Level1	14.98	2	449.36
Gannicox Level2	14.98	2	458
Gannicox Level3	14.98	1	464.09
Gannicox Level4	14.98	1	473.01
Gannicox Hobbs	14.98	1	419.73
Gannicox Hughes	14.98	1	434.50
Annual Amount £187,514.60			

The hourly rate was calculated by taking a Periods payment for all services and dividing by 4 to get a weeks payment and then multiplying by 13 to get the payment for a Quarter; then dividing the resulting figure by the number of hours of support delivered in a quarter.

VALUE FOR MONEY DECISION

Service	Presents value for money?	
	Yes	No
Gannicox	✓	

Decision: Using the figures available the scheme it presents value for money and is within the benchmark for hourly support in accommodation based services.

Benchmark Figures

People with Learning Disabilities

	Accommodation Based			Floating Support
	24-hour staff cover (sleep in) with 8 hours direct support per week based on 4 sharing)	On site staff in core hours. Minimum of 8 hours direct support	One hour support	One hour of support
Min (£)	200	80	9	12
Max (£)	450-500	220	16	18

Residential Care: £307:50

The Financial Breakdown submitted by the organisation showed that the Employee cost was 81.80% of the total cost which is an acceptable percentage. The item under Section 4 Travel Costs, which itemises Vehicle running costs, was explained as relating to transporting service users to and from external activities. This is not an acceptable cost within the Supporting People Grant and should be subtracted from any future contract cost. This transportation should be charged to the individual service users who receive Disability Allowance for this purpose.

PART D - PERFORMANCE INFORMATION

Gannicox
Q2 2004/5

No of contracted Unit Weeks	No of available Unit Weeks	No of occupied Unit Weeks
117	104	104
No of support hours to be worked	No of support hours actually worked	Actual hours provided as % of contracted support hours
2883.26	3230	112
No of Service Users at end of Period	No of Service Users who ceased to use the service in this quarter	Planned move
8		

Q3 2004/5

No of contracted Unit Weeks	No of available Unit Weeks	No of occupied Unit Weeks
117	104	104
No of support hours to be worked	No of support hours actually worked	Actual hours provided as % of contracted support hours
2833.48	3235.70	114.2
No of Service Users at end of Period	No of Service Users who ceased to use the service in this quarter	Planned move
8		

Q4 2004/5

No of contracted Unit Weeks	No of available Unit Weeks	No of occupied Unit Weeks
117	104	104
No of support hours to be worked	No of support hours actually worked	Actual hours provided as % of contracted support hours
2783.70	3235.70	116.2
No of Service Users at end of Period	No of Service Users who ceased to use the service in this quarter	Planned move
8		

Q1 2005/6

No of contracted Unit Weeks	No of available Unit Weeks	No of occupied Unit Weeks
117	104	104
No of support hours to be worked	No of support hours actually worked	Actual hours provided as % of contracted support hours
2833.48	2690.40	95
No of Service Users at end of Period	No of Service Users who ceased to use the service in	Planned move

	this quarter	
7	1	1

Q2 2005/6

No of contracted Unit Weeks	No of available Unit Weeks	No of occupied Unit Weeks
117	104	91
No of support hours to be worked	No of support hours actually worked	Actual hours provided as % of contracted support hours
2883.26	2737.9	95
No of Service Users at end of Period	No of Service Users who ceased to use the service in this quarter	Planned move
7		

PART E – QUALITY REVIEW METHODS & FINDINGS

The following Review Methods have been used in the production of this report

	Direct Observation	✓
	Indirect Observation	<input type="checkbox"/>
Sampling	➤ Pre-Review Questionnaire	<input type="checkbox"/>
	➤ Policies and Procedures	✓
	➤ Records	✓
	➤ Support Plans	✓
	➤ Other (Specify)	<input type="checkbox"/>
	Tracking support	<input type="checkbox"/>
	Group discussion with Service Users	✓
	Individual discussion with Service Users	✓
	Group discussion with staff	✓
	Individual discussion with staff	✓
	Discussion with management	✓
	Service User survey	<input type="checkbox"/>
	Visiting Professionals survey/feedback	<input type="checkbox"/>
	Tour of premises	✓
	Formal interviews	<input type="checkbox"/>
	Document reading	<input type="checkbox"/>

Dates and Times of Review	Duration
20 th January 2006 10 am	5 hours
25 th January 2006 9.30 am	8 hours

The following pages summarise the key findings and evidence from this Review together with the Supporting People assessment of the extent to which the standards have been met. The following 4-point scale is used to indicate the extent to which standards have been met or not met by placing the assessed level alongside the phrase ‘Standard Met?’

The 4-point scale ranges from:

A	Excellent	Services striving to be leaders in the field. These services incorporate mechanisms for delivering continual improvement.
B	Good Practice	Services at this level demonstrate areas of good practice and should be working towards level A.
C	Minimum Standard	Service meets the required minimum but there is scope for improvement
D	Below Minimum Requirements	Providers should prioritise achieving Level C as soon as feasibly possible.

NEEDS AND RISK ASSESSMENT

The intended outcomes for the following set of standards are:

All Service Users have needs and risks assessments carried out. Processes place users' views at the centre, are managed by skilled staff and involve carers and/or other professionals if Service Users wish.

Performance Level C

Standards

- | | |
|---|--|
| i | The needs of Service Users and any inherent risks are assessed on a consistent and comprehensive basis prior to a service being offered, or very shortly afterwards as appropriate to the needs of the client group. |
|---|--|

Key findings/Evidence	Standard Met?	Yes
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There is a formalised policy and procedure.

The procedure takes into account assessments from previous support providers and the accompanying risk assessments. An applicant has the opportunity to visit the scheme, will be invited for a short introductory visit and have the opportunity to meet existing residents and vice versa.

A formal needs assessment must be carried out by the responsible SSD to confirm supported living is appropriate.

A three-month trial is undertaken and if successful the applicant would then be offered a permanent placement within the community.

The initial assessment takes into account current support needs, current activities, personal needs, family support etc.

There is an Assessment of needs form which identifies current support needs, action plans, unmet needs and a summary of any risk assessments. This then feeds into the support plan.

- | | |
|----|--|
| ii | The needs of Service Users and risks are reviewed periodically on a consistent and systematic basis. |
|----|--|

Key findings/Evidence	Standard Met?	Yes
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The Assessment or Review of Needs & Risk and Support Planning policy states that reviews will be carried out at least annually for each individual. A Review may be instigated by the individual, the Gannicox Management Group or the respective Local Authority at any time should there be an identified need. A serious incident or major events may also trigger a review.

- | | |
|-----|---|
| iii | Needs and risk assessments and reviews involve Service Users and take full account of their views, targets and aspirations. |
|-----|---|

Key findings/Evidence	Standard Met?	Yes
-----------------------	---------------	-----

Needs and risk assessments show that service users are involved in the procedure and each individual signs to acknowledge agreement of the content. The process involves the individual considering their life as a whole, what is important to them, the people that impact on their lives and their hopes and aspirations for the future. Each section on the support plan includes 'Comments on what I can do and what support I need' along with identified risks and actions needed to minimise the risk.

There is also a specific Individual Risk Assessment form with the identified risk, risk management and a matrix to take into account probability and severity.

Where prospective applicants or current residents disagree with outcomes of assessments or reviews their views are recorded and pathways, including the Appeals process, are open to them to resolve the issues.

iv	Assessment and review procedures are reviewed periodically and in response to changing legislative or funding requirements.		
Key findings/Evidence		Standard Met?	Yes
<p>The assessment and review procedures have recently been reviewed. Minutes of a meeting in November 2005 show that the application process and the needs and risk assessment processes were reviewed. The old format and the new format were evidenced at the review. The new format is significantly more comprehensive and inclusive, putting the individual at the centre of the process.</p>			

v	Staff carrying out needs and risk assessments and reviews are competent to do so.		
Key findings/Evidence		Standard Met?	Yes
<p>The staff carrying out needs and risk assessments and reviews have participated and completed courses covering person centred planning, empowerment, advocacy etc. Co-workers and volunteers cover needs and risk assessment in their induction and gain experience by shadowing senior co-workers. All needs and risk assessments and reviews are conducted with more than one senior co-worker present. Evidenced by signatures on review documentation.</p>			

Performance Level B

Standards

i	When prospective Service Users give permission, outcomes of assessments are explained to referral agencies		
Key findings/Evidence		Standard Met?	Yes
<p>Evidence on file of referral agencies being contacted throughout the application process. All correspondence is sent to the applicant and the referral agent.</p>			

ii	Outcomes of assessments and reviews are explained to Service Users.		
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Key findings/Evidence	Standard Met?	Yes
<p>Letters of acceptance and refusal evidenced on file. Results of assessments and reasons are explained clearly and sympathetically to the applicants.</p> <p>All assessments and reviews for existing residents are explained to the service users and signatures evidence acknowledgement and acceptance.</p> <p>Copies of assessments and reviews are given to Service Users and kept on a personalised file in their own room.</p>		

iii	Unsuccessful applicants are referred to more appropriate services.	
Key findings/Evidence	Standard Met?	Yes
<p>As with other Camphill Communities referrals often come through the central advisory service and unsuccessful applicants would be referred to other communities. Self referrals or referrals from other agencies would be signposted to the Camphill Advisory Service or suitable alternative provision.</p>		

iv	There is a right of appeal against decisions arising from assessments and reviews with which Service Users disagree.	
Key findings/Evidence	Standard Met?	Yes
<p>The Assessment or Review of Needs and Risks and Support Planning Policy includes an Appeals procedure. The procedure shows a two-stage process, with the Management Group and then the Board of Trustees.</p>		

v	Service Users have the right to be accompanied at appeals.	
Key findings/Evidence	Standard Met?	Yes
<p>The Appeals procedures specifies that the service user will be made aware that they may be accompanied by one or more friends, relative, advocate or other professional of their choice.</p> <p>An independent external agency may be asked to participate at the discretion of the Chair of Trustees.</p>		

vi	The service takes a proactive approach to involving other agencies in its work that includes trying to establish stronger links or more regular interaction with key agencies.	
Key findings/Evidence	Standard Met?	Yes

There is a list of external agencies and contacts that the Community has strong links with. Evidence on file shows frequent correspondence with the NHS Partnership Trust, Stroud College, the Magic Bean Company etc.
Feedback from strategic partners evidences that they are proactive in their approach to involving other agencies.

vii	Feedback is periodically sought from key agencies as part of service planning and review.		
Key findings/Evidence		Standard Met?	Yes
Evidence shows that feedback from external agencies, involved with individuals, has been included in support reviews.			

Performance Level A			
Standards			
i	Professional expertise is available when necessary.		
Key findings/Evidence		Standard Met?	Yes
St Luke's Medical centre is in close proximity to the Community and has a range of available therapies. Members of the Stroud Community Learning Disabilities Team regularly visit to give professional support to members of the community.			

ii	Formal mechanisms are in place between the service and external agencies to facilitate and enable joint working.		
Key findings/Evidence		Standard Met?	No
No evidence of formal mechanisms to facilitate and enable joint working.			

iii	Service users are involved in periodic reviews of the needs and risk assessment and review procedures		
Key findings/Evidence		Standard Met?	No
No evidence submitted. Due to the close involvement of the residents in the daily running of the community, it would be relatively achievable to involve residents in reviews of procedures. The Minutes of the Management Group meetings do not show the presence of service users but involvement in part of the discussions regarding the reviews could be evidenced in future.			

iv	Outcomes of reviews (of individual needs and risk assessments) are used to inform service development and strategic planning.		
Key findings/Evidence		Standard Met?	No

No evidence submitted.

SUPPORT PLANNING

The intended outcomes for the following set of standards are:

Service Users have up-to-date support plans in place. Processes place users' views at the centre, are managed by skilled staff and involve carers and/or other professionals if Service Users wish.

Performance Level C

Standards

- | | |
|---|--|
| i | All Service Users have individual support plans that address the needs and risks identified by the needs and risk assessment process and the outcomes that they want to secure from the service. |
|---|--|

Key findings/Evidence	Standard Met?	Yes
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All service users have individual support plans that address identified needs and risks. The Plans show evidence of outcomes the individual wishes to secure from the service and actions towards those outcomes.

The new format of the Support Plan is much more comprehensive and inclusive with circles of support, short and long term goals in all sections of their life, the risks and how those risks can be effectively managed, and an Action Plan for any new activities the individual wishes to undertake.

Clear links can be seen between risk assessments and support planning.

Performance Level B

- | | |
|---|------------------------------------|
| i | Support plans are outcome-focused. |
|---|------------------------------------|

Key findings/Evidence	Standard Met?	Yes
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There is evidence on file of specific outcomes identified by the service user, how those outcomes can be achieved and actions to be undertaken.

Reviews of previous support plans show evidence of outcomes being achieved and new aspirations being identified.

- | | |
|----|--|
| ii | The service takes a proactive approach to involving other agencies in its work that includes trying to establish stronger links or more regular interaction with key agencies. |
|----|--|

Key findings/Evidence	Standard Met?	Yes
-----------------------	---------------	-----

There is a list of external agencies and contacts that the Community has strong links with. Evidence on file shows frequent correspondence with the NHS Partnership Trust, Stroud College, the Magic Bean Company etc.

Letters written on behalf of service users show a proactive approach to involving other agencies in support.

iii	Feedback is periodically sought from key agencies as part of service planning and review.		
Key findings/Evidence		Standard Met?	Yes
<p>Evidence shows that feedback from external agencies, involved with individuals, has been included in support reviews.</p> <p>Letters from agencies involved with the individual showing the outcome of courses and results of work done are included as part of support planning.</p> <p>External agencies such as the Stroud College are consulted on a regular basis as part of service planning.</p>			

iv	Individual support plans are revised to reflect outcomes of reviews.		
Key findings/Evidence		Standard Met?	Yes
<p>Evidence of reviews show outcomes achieved and/or follow up actions to progress the plan.</p> <p>Support Plans show new aims identified, with further action plans and responsibilities.</p>			

v	The timing of reviews is responsive to Service Users.		
Key findings/Evidence		Standard Met?	Yes
<p>A Review may be instigated by the individual, the Gannicox Management Group or the respective Local Authority at any time should there be an identified need. A serious incident or major events may also trigger a review.</p> <p>Some Support Plans show a review date of six months rather than on an annual basis.</p>			

vi	Support planning takes account of the wider needs of the Service User (beyond those being met directly in the service) which impact upon their need for support, and the extent to which these are currently being met by external agencies.		
Key findings/Evidence		Standard Met?	Yes
<p>Support Plans show evidence of external agencies being identified to help in the achievement of specific aims, especially where those aims cannot be directly supported by the community, such as educational needs, craft skills, medical and therapeutic needs.</p>			

Performance Level A			
Standards			
i	Professional expertise is available when necessary.		
Key findings/Evidence		Standard Met?	Yes

St Luke's Medical centre is in close proximity to the Community and has a range of available therapies.
 Members of the Stroud Community Learning Disabilities Team regularly visit to give professional support to members of the community.

ii	Formal mechanisms are in place between the service and external agencies to facilitate and enable joint working.		
Key findings/Evidence		Standard Met?	Partial
Although there are no formal protocols evidenced between the service and external agencies, there is evidence of formal Work Experience Placement agreements between the service and external agencies. Such arrangements are reciprocal.			

iii	There are periodic meetings with key agencies to plan or review support service delivery.		
Key findings/Evidence		Standard Met?	Yes
Evidence on file of meetings to discuss work experience placements etc.			

iv	Service users are involved in periodic reviews of the needs assessment and review procedures		
Key findings/Evidence		Standard Met?	No

v	Outcomes of reviews (of individual support needs) are used to inform service development and strategic planning.		
Key findings/Evidence		Standard Met?	Yes
With support from external agencies such as GP, district nursing and care teams, a resident suffering from terminal illness was able to stay and die at Gannicox recently. This involved adjusting support options to manage the situation and the admissions process and criteria have been revised to take this new key strength into account. The Community will now consider taking more elderly applicants with learning disabilities in the light of expertise gained from the experience.			

SECURITY, HEALTH AND SAFETY

The intended outcomes for the following set of standards are:

The security, health and safety of all individual Service Users and staff are protected

The failure to achieve Level C represents a serious potential risk to Service Users and/or staff. Where Level C is not achieved providers must take immediate steps to bring performance up to this level.

NB – Individual Service User risk is addressed elsewhere. This standard addresses security and health and safety risks that potentially affect ALL Service Users.

Performance Level C

Standards

i	There is an up-to-date health and safety policy		
Key findings/Evidence		Standard Met?	Yes
<p>There is an up to date Health and Safety Policy dated December 2005, which includes areas of responsibility, safety checks to be completed and training. The Policy has been specifically written for this service and sections give detailed procedures for coping with situations, such as missing persons, accident and incident recording, control and use of drugs/medicines etc.</p>			
ii	Staff understand and implement the policy.		
Key findings/Evidence		Standard Met?	Yes
<p>There is a log of Health & Safety training, involving staff and service users. H & S Policy states that emergency lighting system must be checked quarterly – records of full fire safety checks, including emergency lighting, completed quarterly. Items highlighted as needing action are shown to be completed on subsequent check lists. Risk assessments on specific activities, such as cycling, going away from the community, transport etc are evidenced on file.</p>			
iii	Special attention is paid to the risks of lone workers.		
Key findings/Evidence		Standard Met?	Yes
<p>Current Lone Working Policy dated January 2005, reviewed in June 2005. Risk Assessment on Lone Working procedure on file.</p>			

iv	Health and safety inspections of shared housing and common areas of other services are conducted at appropriate intervals.		
Key findings/Evidence		Standard Met?	Yes
<p>Quarterly checks on all safety equipment evidenced on file. Weekly fire alarm checks. Quarterly testing of fire detection system. Annual CORGI gas installation inspections. Annual JNC Fire Protection Inspection on extinguishers. Half yearly inspection of Tann fire alarm system.</p>			

v	Risk assessments of premises and service delivery mechanisms are conducted periodically, at least annually to identify health and safety and security risks to staff and Service Users.		
Key findings/Evidence		Standard Met?	Yes
<p>Risk Assessments on file on Appliances and open fires, Kitchen appliances, Grounds and Gardening activities etc. Accident forms and Accident register exist but no entries found. Incidents of challenging behaviour logged, with form identifying incident and actions taken. Training sessions on Crisis Intervention and Diffusion Techniques recommended at William Morris House where appropriate.</p>			

vi	Action is taken in response to individual concerns raised by staff or Service Users.		
Key findings/Evidence		Standard Met?	Yes
<p>Register of H & S concerns showing who raised the concern, date, who received the complaint, the nature of the complaint and when it was resolved. The timing of the response/resolution shows effective actions taken. H & S Incident Reports are completed on any events of a serious nature such as fire or problems with electrical equipment.</p>			

vii	Where applicable (i.e. in services where staff are not on-site at all times) Service Users understand the emergency call-out procedures.		
Key findings/Evidence		Standard Met?	N/A

viii	Service Users are aware of the health, safety and security policies and understand how to report concerns.		
Key findings/Evidence		Standard Met?	Yes

A list of Emergency Telephone numbers including local Police, Senior Co-worker mobile numbers and local Doctors is available to all residents in their personal information file. Mains tap locations also available for emergency use (Gas, Water and Electricity) Fire Procedures widely distributed and in personal files. Service Users could explain the procedure for reporting concerns.

ix	The risks to staff associated with working in other people's homes are assessed periodically, and at least annually.		
Key findings/Evidence		Standard Met?	Yes
Formal risk assessments are on file regarding House and Household activities, Kitchen safety, gardening activities. All risk assessments are dated with an annual review date scheduled.			

Performance Level B			
Standards			
i	A formal methodology exists for conducting risk assessments.		
Key findings/Evidence		Standard Met?	Yes
All activities have a formal risk assessment, showing hazard identified, whether it is managed/minimised at present, a matrix to show frequency and severity of risk, and future actions to achieve or maintain control. All Risk Assessments have a review date scheduled.			

ii	Service Users are involved in risk assessments.		
Key findings/Evidence		Standard Met?	Yes
The Methodology for H & S Risk Assessment states that residents should be encouraged to participate in the process of identifying hazards, evaluating risks and designing control measures. Evidence of sessions held with staff and service users on Creating Risk Assessments.			

iii	In services that are not staffed 24 hours a day there are arrangements in place to provide out-of-hours support to Service Users in crisis or emergency.		
Key findings/Evidence		Standard Met?	N/A

Performance Level A			
Standards			

i	Service users are involved in review of health and safety and security policies and procedures		
Key findings/Evidence	Standard Met?	No	
No evidence submitted.			

PROTECTION FROM ABUSE

The intended outcomes for the following set of standards are:

The right of Service Users to be protected from abuse is safeguarded.

The failure to achieve Level C represents a serious potential risk to Service Users and/or staff. Where Level C is not achieved providers must take immediate steps to bring performance up to this level.

This objective applies to all kinds of abuse, many of which are not physical in their nature, e.g. financial or material abuse or abuse through neglect or omission. Approaches to protection from abuse therefore must be appropriate to the particular type of service concerned and based on an assessment of the full range of risks faced.

Performance Level C

Standards

i	There are robust up-to-date procedures (including a whistle-blowing policy and recruitment checks) for avoiding and responding to actual or suspected abuse or neglect.
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Key findings/Evidence	Standard Met?	Yes
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Policy and Procedures for Avoiding and Responding to Abuse or Neglect of Supported Residents dated Dec/Jan 06. The Policy includes definitions of abuse, procedures to deal with such incidents and who/when to involve in an investigation, such as the Adult Protection Team, Police etc.
 The Policy includes a procedure to inform the Supporting People Team of any such incident.
 Anti-Harassment Policy and Procedures October 2005
 Policy regarding Whistle-Blowing under the Public Interest Disclosure Act 1998 dated July 2005.
 DOH 'No Secrets' Policy on file.

ii	Prompt action is taken in response to individual complaints or concerns from staff or Service Users.
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Key findings/Evidence	Standard Met?	Yes
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There is no evidence of any concern or complaint involving abuse recorded at this scheme.

The processes specified in the documentation should ensure that any complaint of suspected or actual abuse would be dealt with effectively and efficiently.

The procedure includes provision of alternative accommodation should the case involve residential staff.

Incidents of abuse would be recorded on the general Accident/Incident report form, which may prove inadequate if a serious incident of abuse may occur.

It is recommended that a form to record incidents of alleged or suspected abuse be developed, detailing any evidence noted by the person taking the complaint, the demeanour of the complainant, who has been contacted, actions taken. It is also recommended that such reports are filed confidentially and separately from other, more general, complaints.

iii	The policies and procedures are fully understood by staff.		
Key findings/Evidence	Standard Met?	Yes	
<p>The training records show a rolling schedule of training for staff on Advocacy, empowerment, relationships, sexuality, abuse prevention.</p> <p>It is recommended that one of the Senior Co-workers attend the 'Alerters' Course organised by the Gloucestershire County Council Adult Protection Team. The information gained could then be cascaded to the other co-workers and incorporated into the procedures.</p>			

iv	There are procedures to prevent staff from personal benefit when working with vulnerable people.		
Key findings/Evidence	Standard Met?	Yes	
<p>The Resident Support with Personal Finance process reviewed January 2006 specifies procedures for dealing with service users' monies. However it states that residents should be encouraged to handle their own finances, with support, in the main instance and that activities should be paid for direct.</p> <p>The Professional Boundaries Policy specifies that people may wish to give small gifts for birthdays etc but this must not be used in an attempt to gain special treatment. Gifts of money from families will always be made to the Community rather than to an individual co-worker.</p>			

v	Staff are made aware of and understand their professional boundaries.		
Key findings/Evidence	Standard Met?	Yes	

Professional Boundaries Policy reviewed January 2006 specifies that while the relationships of support and friendship between co-workers and residents is a hallmark of life sharing at Gannicox, there is absolutely no place for any form of sexual relationship between any co-worker or members or friends of their family or staff.

The Policy also states that co-workers should take care not to discuss their own personal life problems or difficulties within the co-worker group with residents. Nor should they allow personal differences to influence the way they work professionally together. Staff interviewed could explain how professional boundaries impacted on the support given and the importance of such boundaries when living in a family environment and with such vulnerable individuals.

vi	Service Users are aware of the procedures for reporting abuse or neglect.		
Key findings/Evidence		Standard Met?	Yes
Service Users stated that they would be happy to report concerns to the senior co-workers or to members of the external agencies should they feel unhappy about their treatment, either from members of the community or from people in the wider community.			

Performance Level B			
Standards			
i	Staff receive appropriate training.		
Key findings/Evidence		Standard Met?	Yes
Co-worker training records show sessions on Professional Boundaries, Equal Opportunities and Anti-discrimination etc. Staff were able to explain procedures for reporting abuse and discuss how Equal Opportunities impacted on their employment within the scheme.			

ii	There is a periodic (at least annual) review of the effectiveness of abuse policies.		
Key findings/Evidence		Standard Met?	Yes
There is a Review of Effectiveness of Abuse Procedures and although there have only been two relatively minor cases of abuse occurring between residents/family members, the Management Group have reviewed procedures and awareness of such incidents.			

No evidence submitted for Level A

FAIR ACCESS, DIVERSITY AND INCLUSION

The intended outcomes for the following set of standards are:

There is a commitment to the values of diversity and inclusion and to practice of equal opportunity (including accessibility in its widest sense) and the needs of black and minority ethnic Service Users are appropriately met.

Performance Level C

Standards

i	The eligibility criteria and application process are publicised and freely available.		
Key findings/Evidence		Standard Met?	Yes
<p>There is a website dedicated to the service and includes links to the Admissions process and Criteria. Copies of these documents are available to all enquirers. The website explains that places are restricted and infrequently available.</p>			
ii	The assessment and allocations processes are up-to-date and ensure fair access to the service.		
Key findings/Evidence		Standard Met?	Yes
<p>Referrals are taken through the Camphill Advisory Service, self referrals or through local agencies. Processes are evidenced as fair and up to date.</p>			
iii	There are written policies covering equal opportunity (EOP), anti-discriminatory practice (ADP) and harassment.		
Key findings/Evidence		Standard Met?	Yes
<p>Equal Opportunities and Anti-Discriminatory Practice Policy revised October 2005. Refers to principal legislation such as Race Relations Act, DDA, Human Rights Acts and Sex Discrimination Acts. Anti-Harassment Policy and Procedures revised October 2005.</p>			
iv	There is a recruitment and selection policy that aims to eliminate discrimination in recruitment processes.		
Key findings/Evidence		Standard Met?	Yes

Policy and Procedures regarding Staff and Co-worker Recruitment revised January 2006. Gannicox policies ensure that an application is not rejected on grounds of age, marital, family or personal circumstances, race, nationality, ethnicity or citizenship, gender or civil conviction or social class. Exceptions to this will be underpinned and documented by Genuine Occupation Requirements. Two written references are required plus a Police check for overseas candidates and CRB checks are completed on UK applicants.

v	Staff are familiar with the above policies.		
Key findings/Evidence		Standard Met?	Yes
All policies and procedures are covered during the induction period. Members of staff interviewed, both part-time co-workers and resident volunteer could evidence how Equal Opportunities impacted on their work.			

vi	Information is made available to Service Users about the availability of cultural and religious organisations and centres.		
Key findings/Evidence		Standard Met?	Yes
Information is made available to service users about the availability of cultural and religious organisations and centres when requested. Diary Sheets show sessions on current affairs, Stroud playhouse productions attended, operatic shows attended and Bible evenings. However there was no evidence of information being made available on such things as Gay and Lesbian groups within the County, or information on other religions, though this is to be expected at the ethos of Camphill is primarily one of Christian standards. The Review Officer was confident that should a resident request such information it would be made available and the ability of some of the residents is such that they would be capable of researching it themselves.			
It is recommended that leaflets on cultural and religious organisations and centres be sourced and discussed at house meetings.			

Performance Level B

Standards

I	There is a documented plan for ensuring equality of opportunity and anti-discriminatory practice.		
Key findings/Evidence		Standard Met?	No
No evidence submitted.			

ii	Particular attention is paid to ensuring fair access to minority and 'hard to reach' groups.		
Key findings/Evidence		Standard Met?	No

No evidence submitted.

iii	The effectiveness of the equal opportunities and anti-discriminatory policies and plans are periodically reviewed. Equality access targets are set and performance monitored against these.		
Key findings/Evidence		Standard Met?	No
No evidence submitted.			

iv	The ADP, EOP and harassment policies are implemented and effective.		
Key findings/Evidence		Standard Met?	Yes

v	Service Users are provided with information on organisations or services for discriminated-against groups.		
Key findings/Evidence		Standard Met?	No
No evidence submitted.			

vi	The communication needs of Service Users are catered for.		
Key findings/Evidence		Standard Met?	Yes

vii	Staff understand and are sensitive to particular needs of Service Users from minority groups.		
Key findings/Evidence		Standard Met?	No
No evidence submitted.			

viii	Service Users are made aware of the above policies.		
Key findings/Evidence		Standard Met?	No
No evidence submitted.			

ix	The eligibility criteria and application process are actively distributed to relevant agencies.		
Key findings/Evidence		Standard Met?	Partial
The eligibility criteria and application process are accessible to all relevant agencies via the website. The community is very small and vacancies arise very infrequently therefore the processes are not actively distributed.			

x	Service Users are able to observe their religious and cultural customs.		
Key findings/Evidence		Standard Met?	Yes
Most residents wish to attend local church services and are empowered to do so by co-workers. Transport to and from services is made available where necessary.			

No evidence submitted for Level A

COMPLAINTS

The intended outcomes for the following set of standards are:

Service Users, Carers and other stakeholders are made aware of complaints procedures and how to use them.

Performance Level C

Standards

- | | |
|---|---|
| i | There is a written complaints procedure that makes clear: <ul style="list-style-type: none"> ○ Whom to complain to in the first instance; ○ What the organisation will do; ○ How to escalate a complaint and appeal in the case of dissatisfaction with the outcome. |
|---|---|

Key findings/Evidence	Standard Met?	Yes
The Complaints Policy and Procedure for Residents, Co-workers and Employees revised October 2005 includes whom to complain to in the first instance, what the organisation will do and how to escalate a complaint and appeal in the case of dissatisfaction with the outcome. The Policy differentiates between informal and formal complaints and includes timescales by which responses to complaints should be given.		

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|----|--|
| ii | All Service Users and Carers are made aware of the complaints procedure and how to use it. |
|----|--|

Key findings/Evidence	Standard Met?	Yes
There is a simplified version of the procedure for all service users, specifying that they can report concerns to their family, friends or social worker if they do not feel happy complaining to a member of the community. They also can be accompanied when making a serious complaint.		

- | | |
|-----|-----------------------------|
| iii | Staff follow the procedure. |
|-----|-----------------------------|

Key findings/Evidence	Standard Met?	Yes
Training records show sessions on Residents' concerns, complaints and appeals. Although no complaints on file, the procedures are easily understood and the Review Officer was confident that any member of staff would follow the procedure.		

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|----|---|
| iv | Action is taken in response to individual complaints. |
|----|---|

Key findings/Evidence	Standard Met?	Yes
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No formal complaints have been recorded.
 An informal complaint recorded involving actions between residents, shows actions taken immediately to resolve the situation and responses from residents involved.

Performance Level B

Standards

I	The language and presentation of the procedure promotes understanding by the majority of Service Users.
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Key findings/Evidence	Standard Met?	Yes
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A simplified version of the Complaints procedure is issued to all service users. Sessions to promote understanding of the procedure implemented for all residents and staff.

ii	Service Users understand the procedure.
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Key findings/Evidence	Standard Met?	Yes
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Service Users stated that they would be happy to report concerns to the senior co-workers or to members of the external agencies should they feel unhappy about their treatment, either from members of the community or from people in the wider community.

iii	Outcomes of complaints are fed back to complainants.
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Key findings/Evidence	Standard Met?	Yes
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Feedback on the informal complaint on file was immediate and effective. Procedure robust enough to ensure feedback would be given to any further informal complaints and any formal complaint received.

iv	The organisation and its staff see complaints as a positive feedback tool.
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Key findings/Evidence	Standard Met?	Yes
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A recent Review of Effectiveness of Complaints Procedure highlighted the fact that informal complaints are not generally recorded and it was agreed that such incidents should be recorded in an effort to improve practices more objectively.
 Feedback from co-workers confirmed that no formal complaints had been received that had gone unrecorded.
 The Review looked at how to encourage the raising or surfacing of informal complaints as a positive tool. It was evidenced that there are a number of avenues for complaint open to residents and staff, such as needs assessments and support planning, weekly house meetings, specific awareness and training sessions.

Performance Level A			
Standards			
i	Service Users and Carers are encouraged and empowered to use the complaints procedure.		
Key findings/Evidence		Standard Met?	Yes
Specific awareness sessions and support planning with service users, which include carers and family members etc. The services of the Camphill Advocacy and Consultancy Project are available to all residents.			

ii	Complaints are proactively used in planning and shaping services with the involvement of Service Users and Carers.		
Key findings/Evidence		Standard Met?	No
No evidence submitted.			

iii	The complaints procedure specifically addresses complaints from external individuals or organisations.		
Key findings/Evidence		Standard Met?	No
No evidence submitted.			

iv	Reviews of the complaints procedure involve Service Users and Carers.		
Key findings/Evidence		Standard Met?	No
No evidence submitted.			

QUALITY DECISION	
NEEDS AND RISK ASSESSMENT	LEVEL B
SUPPORT PLANNING	LEVEL B
SECURITY, HEALTH AND SAFETY	LEVEL B
PROTECTION FROM ABUSE	LEVEL B
FAIR ACCESS, DIVERSITY AND INCLUSION	LEVEL C
COMPLAINTS	LEVEL B

RECOMMENDATIONS

Identified below are areas addressed in the main body of the report which relate to the Quality Assessment Framework Standards and are seen as good practice issues which should be implemented within the given timescale or considered for implementation by the Service Provider

Standard	Requirement	Timescale for Action
Protection from Abuse	It is recommended that a form to record incidents of alleged or suspected abuse be developed, detailing any evidence noted by the person taking the complaint, the demeanour of the complainant, who has been contacted, actions taken. It is also recommended that such reports are filed confidentially and separately from other, more general, complaints	Next Review
Protection from Abuse	It is recommended that one of the Senior Co-workers attend the 'Alerters' Course organised by the Gloucestershire County Council Adult Protection Team. The information gained could then be cascaded to the other co-workers and incorporated into the procedures.	Next Review
Fair Access	It is recommended that leaflets on cultural and religious organisations and centres be sourced and discussed at house meetings.	Next Review

PART F – PROVIDERS RESPONSE

ACTION PLAN

AGREEMENT

The provider agrees that this document is an accurate report of the support services therein and that they have checked the details within it.

The provider also agrees to work towards the Action Plan within the set timescales.

SIGNED

NAME IN CAPITALS

**ON BEHALF OF
(Provider organisation)**

DATE